VOLUME 44
NUMBER 10
MONTREAL
OCTOBER
1948

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WORKSHOP
SUMMARIES

THORACO-LUMBAR
SYMPATHECTOMY
Dr. Howard Steele

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Nurses Fly to the Convention

Back Row: R. GAW, L. BARTSCH, K. MARSHALL, M. STREET, A. MARTINEAU, K. ANNESLEY, H. HEWTON, H. LAMONT, A. HAGGART. *Front Row:* L. EDWARDS, F. GOULET, F. GEORGE, G. YEATS, B. BOURBONNAIS, A. GIRARD, H. PERRY, M. TAYLOR, M. LACOMBE, M. ISABELLE.

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The views expressed in the various articles are the views of the authors and do not necessarily represent the policy or views of The Canadian Nurse *nor of the Canadian Nurses' Association.*

Subscription Rates: $3.00 per year — $5.00 for 2 years; Foreign & U.S.A., $3.50; Student Nurses, $2.00 per year — $5.00 for 3 years. Single Copies, 25 cents. All cheques, money orders and postal notes should be made payable to *The Canadian Nurse.* (When remitting by cheque, add 15 cents for exchange.) *Change of Address:* Four weeks' advance notice, and the *old* address, as well as the *new*, are necessary for change of subscriber's address. Not responsible for *Journals* lost in the mails due to new address not being forwarded. PLEASE PRINT Name and Address. *Editorial Content:* News items must reach the *Journal* office before the 1st of month preceding publication. All published mss. destroyed after 3 months, unless asked for. *Official Directory:* Published in March, June, Sept. & Dec. issues.

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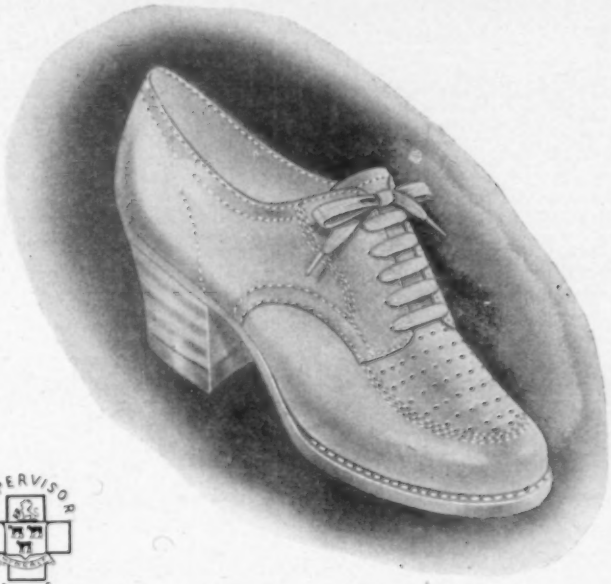

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Between Ourselves

So many very pleasant comments have been received regarding the August issue, we wish it were possible to share them with you. We are grateful to our well-wishers and trust that all will receive equal pleasure out of their perusal of the final aspect of the convention reporting—the workshop reports. With so much space devoted to convention details, we have a large backlog of valuable editorial material piled up awaiting release. It will be poured out to you each month beginning in November with a discussion on the indications for amputation of the lower extremity and the essential nursing care of the amputee. Another broad topic, that will receive consideration from a number of different angles, will be a study of the block system of nursing education.

Several months ago we stopped giving you a preview of coming articles because we found it was frequently necessary to make last-minute shifts in order to accommodate some special material. Do you like to have advance information of that kind? We will try to give you a brief outline of what is coming if you would like to have a return to that practice.

Our president, Ethel Cryderman, in her guest editorial, has given us some very straightforward reasons why the per capita affiliation fee needs to be raised. Nobody relishes the increased costs in every aspect of living yet everyone is eager for an expansion of nursing activities. When one considers the enormous strides our National Office has taken in the past ten years, a per capita fee of one dollar seems a pitifully small sum on which to have to balance budgetting. A study is being made of the affiliation fees of other professional groups in an endeavor to discover where nursing ranks. This will be brought to you later.

The workshop reports, written in most instances by the nurses who acted as assistants in the actual discussion, are presented here to serve as a summary for those who attended but even more for those who were unable to participate. They will form a useful starting-point for group discussions in your own communities. National Office has offered to supply interested groups with the folios and reading lists as long as their supply lasts. Get your local groups organized right away if you have not already arranged for them.

Perhaps you would like to have further information from the consultants or assistants whose reports appear in this issue. We shall list their addresses here so that you may write to them directly if you wish to consult on points made in their reports:

Mary Salter, assistant professor, University of Toronto; Alice G. Nicolle, educational supervisor, Division of Public Health Nursing, Ontario Department of Health, Toronto; Mrs. Eileen Troop, consultant, Maternal and Child Hygiene, Department of Health, Toronto. Their field was counselling and guidance.

Personnel administration was headed up by Nellie Gorgas, St. Barnabas Hospital, Minneapolis, Minn., assisted by Alice L. Wright, executive secretary, R.N.A.B.C., 1014 Vancouver Block, Vancouver, B.C.; Margaret Street, supervisor, Royal Victoria Hospital, Montreal, Que.; Alice Girard, Canadian superintendent of nursing with the Metropolitan Life Insurance Co., Ottawa, Ont.

Mr. Leon Dorais of New York directed the discussion of public relations, assisted by Bertha Pullen, director of nursing, Winnipeg General Hospital, Man., and Electa MacLennan, assistant professor in public health nursing, School for Graduate Nurses, McGill University, Montreal, Que.

As a last minute pinch-hitter, Ida MacDonald, co-ordinator of rural nursing education, Albany, N.Y., led the discussion on the school of nursing of the future, assisted by Evelyn Mallory, associate professor, Department of Nursing and Health, University of B.C., Vancouver, B.C., and Nettie D. Fidler, director of the Metropolitan School of Nursing, 849 Kildare Rd., Windsor, Ont.

Adventures in bedside nursing were revealed by Ella M. Howard of the School of

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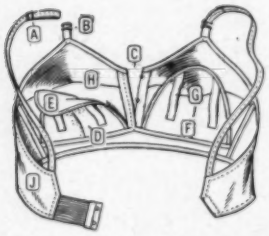

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Nursing, University of Toronto, Ont., with Dorothy Potts, clinical supervisor, Toronto General Hospital, and Ruth Watson, a senior nurse on the Toronto branch of the Victorian Order of Nurses.

Helene Snedden, who is in charge of the Hamilton (Ont.) branch of the Victorian Order of Nurses, was assisted by Jessie E. Young, director of nurses, Kitchener-Waterloo Hospital, Ont., and Dorothy Riches, director of nursing, Queen's University, Kingston, Ont., in developing the theme of staff education.

Dr. H. D. Southam, director of education at Mt. Allison University, Sackville, N.B., discussed the value of tests and measurements, assisted by Helen Penhale, director of the School of Nursing, University of Alberta, Edmonton, and Rev. Sr. Jeanne Forest of the Institut Marguerite d'Youville, Montreal.

Marion Nash, formerly educational director with the Victorian Order of Nurses, Montreal, gave an intensive course in job-in-training methods, assisted by Frances Ferguson, supervisor of nursing assistants, Calgary, Alta., and Helen Brown, instructor at St. Catharines General Hospital, Ont.

Newer methods of teaching were outlined by Edith McDowell, dean of nursing at the University of Western Ontario, London. Rev. Sr. Denise Lefebvre of the Institut Marguerite d'Youville, Montreal, and Frances King of New York were her assistants.

A special tribute should be paid to the excellent organization of library facilities for the workshops arranged by Margery Trenholme, B.A., B.L.S., librarian at the McGill School for Graduate Nurses. The nurses greatly appreciated the assistance and guidance Miss Trenholme provided during the sessions of the convention.

We are delighted to learn that the University of Manitoba public health nursing course is being continued this year with Margaret E. Hart, M.A., as director and Dorothy Dick, B.Sc., as her assistant. Miss Hart was formerly educational supervisor with the Manitoba Department of Health.

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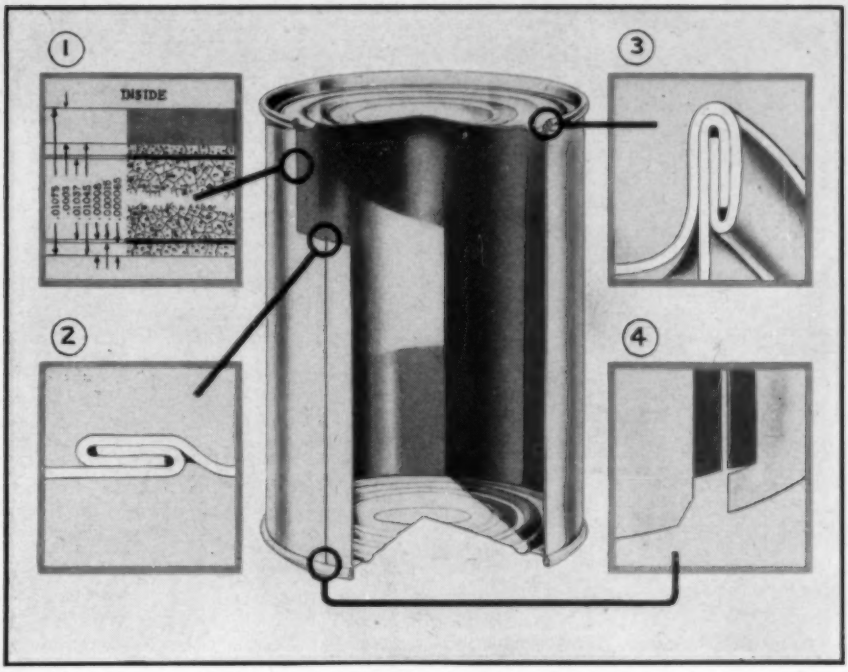

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PUBLISHED BY THE CANADIAN NURSES' ASSOCIATION

VOLUME FORTY-FOUR *NUMBER TEN*

MONTREAL, OCTOBER, 1948

A Commanding Challenge

THE 1948 Biennial Meeting of the Canadian Nurses' Association had many highlights. None, however, was more significant or far-reaching in its implications than the unanimous decision to refer to the provincial associations the matter of doubling the per capita fee to the national organization. The constituent members of the Canadian Nurses' Association are now faced with the responsibility of making a decision of major importance — one which will influence profoundly the shaping of policies relating to nursing education and nursing service, both nationally and internationally.

Today, nursing is recognized as one of the primary social forces affecting the health and welfare of nations. This recognition is a challenge to the organized nursing profession. The Canadian Nurses' Association is deeply concerned not only with increasing the quantity of nursing service but in heightening its quality. Canadian nurses are aware of the lively interest and activity of their national organization in respect to the preparation of the professional nurse; the conservation of the present supply of nursing service; the preparation and utilization of auxiliary nursing personnel; post-graduate education of nurses; and a whole host of other pertinent matters relating to nurses and nursing. The Canadian Nurses' Association, as a member of the International Council of Nurses, is also a participant in the moulding of international nursing policies, and its responsibility to the organization which is preparing to accept world leadership in nursing education is of the utmost importance.

The philosophy that nurses must think and plan together as a unified professional group was accepted by Canadian nurses in 1908 at the time of the founding of the Canadian Nurses' Association. Today it is abundantly clear that, while provincial associations have rightly retained their complete autonomy, nursing in Canada has been infinitely enriched through the group thinking of the nine associations. The grant from the Dominion Government to the Canadian Nurses' Association during the war years is a vivid illustration of what can be accomplished through the combined efforts, channelled through the national organization, of the constituent members of the Canadian Nurses' Association. A more recent example is the Metropolitan School of Nursing in Windsor, the

demonstration which is provoking so much attention outside the profession as well as throughout the nursing world. These are only two of innumerable instances of the effect of the collaboration of the provincial associations.

Never before has the need for not only the continuation but the extension of this collaboration been so apparent. The Canadian Nurses' Association is faced with an ever-increasing number of important issues relating to the development of the nursing profession. Some come as requests from without and others are challenges arising from within the association. The interpretation of nursing to the public and the strengthening of our leadership in nursing affairs calls for a public relations secretary. A full-time secretary to the Educational Policy Committee is urgently needed. A favorable response to the request of the International Council of Nurses to increase the per capita fee would be a tangible expression of the avowed belief of the Canadian Nurses' Association in the potentialities of their international organization. These are but a few of many important matters confronting the association at the present moment. The materialization of these progressive steps would require a substantial increase in the regular income of the association.

The disproportion between the present per capita fee of one dollar from the provincial associations and today's responsibilities, which a great national nursing organization should assume, is self-evident. Now that the grant from the Dominion Government, a portion of which was used for National Office administration purposes, has been discontinued, this fee is insufficient to meet even the current expenses of the association. The estimated revenue for this biennium is approximately $6,000 less than the budget approved at the general meeting in June. Reserve funds are to be used to meet this deficit. However, it is considered unsafe to continue to reduce the capital of the organization. This means that until additional money is available projects involving increased expenditures, irrespective of their urgency, cannot be undertaken.

A commanding challenge faces the provincial associations. Upon their response to increasing their allocation to the national organization depends much of the future progress of the Canadian Nurses' Association. In this great transitional period in nursing as an organized profession, one whose members carry large personal responsibilities, we have a magnificent role to play and dare we refuse to grasp the tremendous opportunities which confront us? Not without impoverishment. To do so would be a denial of our deepest aspirations.

ETHEL M. CRYDERMAN
President
Canadian Nurses' Association

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Thoraco-lumbar and Lumbar Sympathectomy

HOWARD STEELE, M.D.

THE SYMPATHETIC nervous system has numerous functions, one of these being to control the tone of the blood vessels. Stimulation of the sympathetic results in a vasoconstriction of the blood vessels — an increase in tone. It follows, therefore, that if the sympathetic system is paralyzed or removed entirely, the vessels will lose tone, and a loss of tone will result in a fall of the blood pressure. Also, an increase will occur in the blood supply to the lower limbs, thorax, etc., depending on the portion of nervous tissue removed.

Of late, two operations have been done on the sympathetic nervous system with reasonable frequency in the Kingston General Hospital. The larger one is a thoraco-lumbar sympathectomy for patients with hypertension; the other is a smaller operation called lumbar sympathectomy to increase the blood supply to the lower limbs.

The indication for the thoraco-lumbar sympathectomy is essential hypertension in a young person who has symptoms of headache, etc., but still has minimal or no kidney damage. It consists of removal by surgery of the sympathetic chain from Thoracic 4 or Thoracic 6 to Lumbar 2. The sympathetic chains run alongside the vertebral column, one on each side of the column. Only one side is cut at a time because of the magnitude of the operation, and because one does not wish to obtain too great a drop in blood pressure at one time. The route of approach chosen is through the chest. The eighth rib is removed and the chest held open by retractors. The surgeon tries to strip the pleura from the chest wall without opening the pleura; however, the pleura usually is opened by accident rather than intent. This will complicate the after-care of the patient. The diaphragm is split and the chain removed from Thoracic 4 to Lumbar 2. Then the chest is closed layer by layer.

Because the pleura is opened, the lung collapses. The pleural cavity, which normally has a negative pressure, now has atmospheric pressure and so the lung collapses. Precautions must be taken to see that the lung expands for two reasons — to overcome shortness of breath and to prevent pulmonary complications. To this end, the air in the pleural cavity is sucked out before the patient leaves the operating-room, thus restoring negative pressure.

Whenever the pleura is opened, it usually replies with a pleural effusion, so a drain must be left in the chest. An open drain, of course, would allow normal atmospheric pressure into the pleural cavity and again the lung would collapse. Thus a closed drainage system must be established. Simply, this necessitates that the drain lead into a jar of water. Now the pleural cavity is sealed off from the atmospheric pressure. After the chest has been cleared in the operating-room and negative pressure established, the drain is clamped to prevent air from rushing in. The patient is then returned to the ward. An extension tube is connected to the drain at one end, the other end being placed in water. Now, and only now, the clamp may be removed from the drain. The water rushes up the tube towards the chest for three or four inches above the water level due to the negative pressure. Since the column of water tends to fall due to gravity, it maintains a negative pressure in the tubing and thus in the pleural cavity. Negative pressure is maintained and at the same time chest drainage is obtained. This is the

Dr. Steele, a graduate in medicine of Queen's University, was, until recently, chief surgical interne at the Kingston General Hospital, Ont.

type of drainage used, where necessary, following thoracic surgery, and in empyema. Of course, sterile tubing, sterile bottle, and sterile water must be used, otherwise organisms might grow up the tubing and infection be established in the pleural cavity. Empyema would follow. Also, the bottle should be kept at least half-full, otherwise if someone by accident disturbs it the tubing might be knocked out of the solution, allowing air into the system.

In addition to possible pulmonary complications, another problem is too sharp a fall in blood pressure. Therefore, the blood pressure must be checked every hour for twenty-four hours and every four hours for the next few days. If the pressure falls below 100, systolic, give ½ cc. of neosynephrin. This will bounce up the blood pressure. The fall in pressure is greater following the second operation when the second side is severed, so the patient wears elastic stockings during the post-operative period to force blood out of the limbs and back to the body and head. These stockings are gradually rolled down as the patient becomes stabilized following the second operation, over a period of several days. At this time the patient, when getting up or when up, may feel faint. This, of course, is due to accumulation of blood in the pelvis and legs causing a relative anemia of the cerebral centres. Get him back to bed quickly before he actually faints.

The remainder of the post-operative care is more or less routine — morphia, diet as desired. As a rule, these patients do not get up the day of operation, because they are knocked out a bit, and also because the blood pressure is not yet stable.

The lumbar sympathectomy is a removal of the sympathetic chain from Lumbar 2 to Lumbar 4 inclusive. Both sides may be done at once and the patient may get out of bed the night of the operation. The operation consists of making an incision in the side through muscles, stripping off the peritoneum, and retracting the peritoneal cavity medially. The peritoneum is not opened. Afterward, the patient experiences more warmth in the limbs due to increased blood. It is used in cases with obliterative arterial disease where gangrene will later develop. This does not cure the condition but will offset the onset of gangrene for a time and, if done early, may avoid it entirely.

Nursing Care — Sympathectomy

RHODA MARSHALL

SKIN PREPARATION

IN THE pre-operative preparation of the skin for a thoraco-lumbar sympathectomy, the back is shaved from the hair-line to the sacral region. Both axillae are also shaved. If it is possible, the patient is instructed to take a bath or shower, scrubbing himself well with soap. Particular attention is paid to the operative field. When this is impractical or impossible, the nurse bathes the patient, using two changes of soap and water over the operative field, finishing with a rinse of cold water. Both nurse and patient now don masks and gowns while the area is being painted with Zephiran. When the first coat is thoroughly dried, a second coat of Zephiran is applied and allowed to dry. The field is then covered with a single sterile towel.

In the lumbar sympathectomy the same technique is followed except that the abdomen will be prepared since an abdominal incision is made.

Miss Marshall is a supervisor on the nursing staff of the Kingston General Hospital, Ont.

Sedation

Unless otherwise ordered by the anesthetist, the pre-operative sedation for an adult is morphia gr. 1/6, hyoscine gr. 1/100, given one hour pre-operatively. This dosage would be decreased for a child or young person. In case of any doubts, the nurse secures directions from the anesthetist.

Post-operative Care

Following the thoraco-lumbar sympathectomy the patient gets out of bed on the second or third day, as ordered by the doctor. It is important that the attitude of the nursing staff should reflect the fact that this practice of getting the patient up early is normal. On no account should the nurse make any comment about it to the patient

There is a definite routine to the procedure of getting the patient out of and back into bed. A many-tailed abdominal binder is applied firmly. The patient's knees are flexed and he is turned on to the side having the incision. Help him, if necessary, into a sitting position on the side of the bed. Put on his walking shoes, *not* his bedroom slippers. Assist him to sit on the stool or chair placed beside his bed, then to stand. For the first time up, a single turn around the foot of the bed and back is sufficient, with the nurse giving such assistance as may be required. This exercise is increased in accordance with the doctor's orders. With the aid of the stool, let the patient sit on the side of the bed and then lie down. The shoes are removed and the legs lifted on the bed.

With the lumbar sympathectomy patient, this getting-up process is accelerated. He is prepared in the same manner for the activity. Twelve hours after the operation he gets out of bed for the first time and continues to exercise daily.

As Dr. Steele has indicated, blood pressure readings are recorded every hour for the first twenty-four hours, every four hours for the next two days. A sudden drop, particularly if the systolic pressure falls below 100, must be reported immediately. Neosynephrin, which is an adrenalin preparation, is given to elevate the blood pressure. In order to maintain a negative pressure in the pleural cavity a "closed drain" is used. For this, the nurse must have ready sterile tubing, a sterile jar, and sterile water. The jar and water are replaced twice daily to prevent the possibility of any organisms growing in the jar and eventually finding their way into the sterile tube. Precautions must be taken that the tubing is always securely clamped while the exchange of jars is being made. The negative pressure can only be maintained when the end of the tube is kept under water.

The usual orders for the patient's diet direct that he may eat what he desires. Sedation is given as required. The sutures are removed on the eighth day.

Workshop Summaries

As has been indicated in previous issues, three mornings of the convention period were devoted to a new experiment — workshops where every registrant was an active participant. Most of the nurses had decided in which workshop they wished to be enrolled before the convention started. Late registrants were more or less arbitrarily assigned to complete the numbers of the less well-filled lists.

The results of the workshop deliberations are published here, but these

reports cannot begin to reflect the enthusiasm for this feature of the program that was expressed by all who took part. The consensus was that this was an enormously successful project. The program planning committee for the next biennial meeting received a clear mandate from the membership that this form of group participation must be repeated at the Vancouver gathering in 1950, even if the convention period has to be extended beyond four days to provide for it and regular business sessions also.

All who were responsible for the heavy task of preparing and conducting these workshops cherish the hope that the interest created during these sessions will be sustained and increased in the months to come. Enthusiasms are so easily dampened by indifference and lack of understanding. The best way to ensure lasting results would be to begin now to establish active discussion groups on topics related to nursing in each provincial, district, chapter, and even staff association. The C.N.A. National Office has volunteered to supply such material as is available on the workshop topics used during the convention. If you wish assistance in planning your local study programs, send a request to National Office, Ste. 401, 1411 Crescent St., Montreal 25, tell them of your need, and they will do their best to help you. Let us get the workshop habit!

Counselling and Guidance Workshop

FORTY-FOUR registered in this workshop. Those who registered came from all nine provinces of the Dominion and were representative of the various fields in nursing. The large group was divided into four smaller groups to facilitate discussion. The division was made without emphasis on professional specialty. Students, however, were scattered throughout the groups. The consultant, Mary Salter, Ph.D., was assisted by Alice G. Nicolle, Eileen Troop, and Grace Hyndman.

As a basis for discussion, each group used several situations encountered in the hospital, public health, or related fields of nursing. These brief studies were contributed by the registrants and leaders. From the discussion of these actual examples of an individual's need for guidance, general principles were evolved.

While recognizing the importance of highly specialized professional preparation in the guidance of individuals showing marked personality disturbance, and in certain other aspects of counselling and guidance, the groups were in general agreement that there is a place in schools of nursing, on hospital staffs, and in larger public health agencies for the staff counsellor. In a school of nursing the staff counsellor should be in contact with all young women entering the school and throughout the basic course, working with and through the teaching and supervisory staff.

To be of greatest assistance to the administration and to instructors and supervisors as well as students, the counsellor should be a nurse who, in addition to her "professional preparation, varied experience, and ability to work well with people," has secured certain qualifications which would enable her to work with staff and students in a counselling role. It was understood that the efforts of this staff counsellor would be supplemented on the one hand by all staff members in the work with students in everyday living, and on the other hand, as in

any other service to individuals, by the use of specialists in related fields—medicine, psychiatry, psychology, and others.

The counsellor would be responsible for establishing relationships with specialists within and without the hospital or agency by which referral and follow-up, when necessary, would be facilitated and used to advantage in the interest of individuals needing consultant service as a part of guidance.

The role of the counsellor was considered together with some of the techniques used. It was found that the results obtained, and the degree of success in counselling, were to a great extent dependent on a number of factors, two of the most important among them being: (1) *The skill of the counsellor* — (a) to be a good listener; (b) to generate a friendly and kindly atmosphere; (c) to have ability to think one's self into another's situation; (d) to remain objective, not to express opinion, either as approval or disapproval, (2) *The physical arrangements for interviewing* — (privacy, comfort, and freedom from interruption). The technique of the interview was discussed in all groups as an important tool in a guidance program.

Counselling and guidance as a preventive measure: If the aim of the guidance program is to prevent problems arising, the role of the counsellor is not a problem finding one but a preventive measure — a service offered to all students and staff at any time. The counsellor would be interested primarily in the progress of individuals and in their normal development. A friendly relationship would be established, through more or less regular interviews. This concurrent guidance would offset or at least minimize many otherwise serious situations by foreseeing them and instituting preventive measures or early referral for consultation. Counselling procedure when a problem did arise would then be determined to a great extent by these previous contacts made under normal conditions.

Where prevailing administrative policies seem to complicate the situation it would seem that a neutral person (a staff counsellor) not directly involved in administration would be more likely to uncover the real reason for the difficulty and assist both administration and student or staff member in a readjustment.

The preventive aspects of counselling and guidance provide an important link in the integration of health and social factors in schools of nursing since good counselling is an educational experience through which the student learns by personal experience the value of relationships in the guidance and teaching of others.

Since the aim of guidance is to help the individual to become increasingly self-dependent, it was thought that, in a situation where a decision must be reached, the onus for deciding should, whenever possible, be assumed by the counsellee. The counsellor should avoid "advice giving" or direction; in other words, she should not confuse the authoritarian with the counselling role.

Once the individual has made her decision it was felt important to encourage her to take the responsibility for acting on her own behalf, although it might mean a series of counselling interviews. Moreover, the situation might call for administrative action, for manipulation of the situation, or a change in environment or even employment.

All were agreed that when a serious problem was foreseen or suspected immediate referral should be made to a physician who would probably recommend other specialists if necessary. It was also decided that a general health examination for the evaluation of health status should form a basis for all counselling with individuals. The results of such periodic or other examinations should be included in the cumulative record of every individual since poor health might well affect behavior; on the other hand, poor adjustment, whatever its cause, might affect the general health of any individual.

In summarizing, briefly, the range of service offered by a qualified coun-

sellor the following were suggested during the discussion:

A. Working directly with a student or staff member to whom assistance is given through: 1. Making information available which will help her to meet her own needs: Personal guidance, educational guidance, policy interpretation, health information, vocational guidance.

2. To assist the individual, through the counselling interview: (a) To think through her problem or situation to a point when motivation and attitude may be changed. (b) To assist the individual to manipulate her working and social environment so as to better fulfil her needs. (c) To assist the administration in finding a solution for the individual's situation—viz., change of policy or working conditions. (d) Helping the individual, when necessary, to find a working situation better fitted to her needs "since all the difficulties cannot be met by changing the person."

B. Working with all staff members directly and through staff education or group study.

C. Keeping anecdotal records and making periodic summaries as a part of the cumulative record.

The discussion logically concluded with certain recommendations for the practical application of the principles formulated:

In schools of nursing, selection of students and staff with more emphasis on personality appraisal; the development of student councils and student government; the provision for health and social integration for students and staff; suitable recreational facilities; a staff council; group instruction in mental hygiene and an opportunity for self-evaluation; in both the hospital and public health field, improved preparation for supervisors prior to employment and as in-service education as well as the importance of orientation for new staff members.

The various groups dealt with the personal qualities of a good counsellor. She must, they believed, have a measure of maturity, warmth of personality, friendliness, sensitivity, good judgment, freedom from prejudice; be neither sentimental, authoritarian, nor moralistic — one who is capable of accepting people as they are.

It was also emphasized that the staff counsellor needs to be familiar with both hospital and community resources for referral, and to establish friendly working relationships with those to whom individuals will be referred if confidence is to be established in the guidance service. Any system of referral, however, can only be useful to those served when there is a two-way passage of information — viz., sufficient information with the referral and a return report with recommendations to the staff counsellor on which follow-up or further counselling and guidance can be based.

It was evident that this philosophy of counselling and guidance, and the principles evolved, were applicable in any field of nursing. The emphasis, however, throughout the workshop discussions was definitely on the contribution which schools of nursing could make, since it was agreed that each school, large or small, provided abundant opportunity for offering this experience to each young woman during her basic course. The public health nurses felt that such a plan would be invaluable as a basis for the nurse's role as a family counsellor.

The question of where to get preparation for the staff counsellor and other graduate staff members who would share in the guidance program for the student was seriously considered. It was generally agreed that Canadian universities should be approached regarding the possibility of offering courses for the preparation of staff counsellors. It was also suggested that university schools of nursing be asked to include certain courses in counselling and guidance for all post-graduate students, particularly those who will be responsible for the work and guidance of others — administrators, instructors, supervisors, and charge nurses in all fields of nursing.

At the conclusion of the workshop the following resolution was read to the whole convention:

WHEREAS, The great need for counselling and guidance is becoming increasingly evident and it is felt that in any situation where

a group of nurses is employed or in training, a guidance and counselling program is desirable, and

WHEREAS, At present there is a dearth of personnel with adequate preparation for counselling work, and

WHEREAS, Nurses in general require basic instruction in counselling and guidance techniques and attitudes in order to carry out a counselling program within their own setting; therefore be it

Resolved, That the Canadian Nurses' Association take steps to explore the possibilities for courses in counselling and guidance:

(a) Special courses for the staff counsellor.

(b) Counselling and guidance courses in university schools of nursing.

(c) Institutes or workshops of two to six weeks' duration.

ALICE G. NICOLLE
EILEEN TROOP

Workshop on Personnel Administration

THIS very successful workshop was conducted by Miss Nellie Gorgas, director, St. Barnabas Hospital, Minneapolis. Assisting were: Miss A. Wright, Miss A. Girard, and Miss M. Street. The workshop was attended by fifty-four representatives of hospital and public health fields from all provinces of Canada. Included in the group were superintendents and directors of nurses, supervisors, instructors, and one student nurse.

The stated purpose of the workshop was:

> To provide to us an opportunity to pool our common problems and our thinking in an endeavor to arrive at certain concrete conclusions as to ways and means of implementing good personnel policies and practices, and of achieving good personnel administration in our hospitals and health agencies. Through such administration, greater stability, smoother co-ordination, and more complete realization of the objectives of the institution or agency in relation to public health and welfare should inevitably result.

The group, although large, did not break up into smaller units for discussion of problems. The subject matter during the three mornings was of such absorbing mutual interest that at no time did it appear to be profitable to divide the members. It became increasingly apparent that the principles and practices of personnel administration are fundamentally the same, whether applied in the field of public health or to hospital service.

The group took as its starting point a definition of the objectives of hospital and health agencies, realizing that any sound program of administration is necessarily based upon a clear understanding of the fundamental purpose for which the institution or agency exists. It was agreed that these objectives are:

1. To provide preventive and remedial care at a price which the public can pay.
2. To obtain the optimum results with the minimum expenditure of time, labor, and money.

To accomplish these objectives, the workshop group felt that it is important to obtain and retain competent workers in adequate numbers. It was recommended that job analyses, including job descriptions, specifications, and evaluations, be undertaken as a necessary preliminary step so that sound personnel policies and practices might be developed. Such policies and practices should be clearly defined in writing and made known to all employees prior to employment. They should include the following: salaries, hours of work, vacations, statutory

holidays, health program and sick leave, leaves of absence, orientation and educational programs, pensions, part-time and temporary employment, channels for settlement of grievances, procedure on termination of employment.

With regard to salaries and hours of work, the workshop group reached the following conclusions:

1. Following job evaluation, salaries should be based on the work performed and on the prevailing rate for such work.
2. Remuneration should be based on the total compensation, including the real value of the perquisites provided, so as to give the employee the true picture.
3. Salaries should be stated in terms of gross salary. Deductions should be itemized and a statement accompany the salary cheque.
4. There should be regular salary increases based on satisfactory performance.
5. There should be definite working hours agreed upon by the employer and the employee.

It was felt that the whole program of personnel administration should be pointed toward the development of the individual to her highest potentialities so that she would be of the greatest value to herself, the patient, the organization and, therefore, to the community. To help in this program, the following measures were suggested:

1. A pre-employment interview which would facilitate the proper selection of desirable employees, and which would make clear to prospective employees the exact conditions of employment, opportunities for advancement, and so forth.
2. A *planned* program of orientation of the worker to the organization and to her particular job.
3. Individual and group conferences, to insure the democratic evolution of policies and practices, and also to provide counselling and guidance.
4. Rating systems which would help both the administration and the worker to evaluate the performance of the worker efficiently.
5. A truly open-door policy which would provide an outlet for grievances and for constructive suggestions.
6. Exit interviews to provide information as to the reasons for turnover. We reached the conclusion that a good staff education program, with supervision, counselling and guidance, the establishment of pension plans, together with the other good policies and practices already mentioned, should do much to prevent turnover.

It was realized that the fundamental strength of any organization, and the foremost criterion of good personnel administration, is teamwork within the organization. This, in turn, will predispose toward good relationship between the organization and the community which it serves, for if it is sound within, it will be sound without.

It was the opinion of the group that the Canadian Nurses' Association should undertake to formulate desirable personnel policies which might serve as a guide to provincial committees on personnel policies.

— MARGARET M. STREET

Attention! Les Gardes-Malades canadiennes-françaises

L'on parle beaucoup d'orientation de nos jours. Nos institutrices seront heureuses d'étudier avec leurs élèves de 3e année l'article du directeur du Service de Santé de la Ville de Montréal.

Le Dr Groulx, directeur du Service de Santé de Montréal, est un chef, toujours prêt à collaborer lorsqu'il s'agit de l'avancement et du progrès du Service de Santé. Il met en lumière dans cet article en novembre le travail de ses collaboratrices — les infirmières du Service de Santé.

School of Nursing of the Future Workshop

THERE WERE forty-eight members registered for this workshop, representing directors of nursing service, instructors, and educational directors. Many of those who were carrying the responsibility of administration in a school were also responsible for the nursing service.

On the first morning, the group divided into two sections in order that the discussion might be a little more free. The whole problem of the pattern of the school of tomorrow was explored. Many problems were brought to light, chief among them the following: The extent to which the needs of the community should be considered in planning the content of the curriculum; the importance of the emphasis upon preventive programs and the relationship of health teaching to the students' other learning activities; costs; the effect of living arrangements and working conditions upon the effectiveness of the programs of instruction regarding health promotion. Throughout the discussion, constantly recurring at every turn were the two inter-related, seemingly insoluble problems— first, how to provide the necessary service for patient care and, second, how to secure financial assistance for education and free the student from this responsibility.

The entire period of the second day was given over to discussion of the various types of experimental programs. Miss Fidler led the discussion in relation to the Metropolitan School in Windsor. The rural collegiate programs in New York State, which are also experimental programs, were described in some detail. There was a great deal of interest evidenced in the variations in pattern, the problems of organization, the question of hospital payment for student service, and a great many other factors that enter into the maintenance of schools that are not controlled by a hospital. The group was repeatedly urged to remember that experimental schools must, of necessity, remain flexible, often changing their patterns and practices. Their function is to point the way and the outcome of their work cannot be judged until there has been time for the students to show what they will accomplish as graduates.

On the third morning the group preferred to remain in one section and to pursue together some of the problems raised in the preceding days' discussion. As the conversation progressed it seemed apparent that there was an increasing amount of agreement on several points, namely: that the traditional school of today is not able to prepare adequately the type of student that the nursing of tomorrow will demand; second, that the chief obstacle to reorganization of the school lies in the hospital's dependence upon the student for nursing service; and, third, that financial support from some source must be found for nursing education. In order that the feeling of this group might be made articulate, a small committee prepared a resolution which was unanimously adopted by the workshop group. The resolution reads as follows:

WHEREAS, The primary purpose of the hospital is to provide service to the community through the care of the patients; and

WHEREAS, The purpose of the school of nursing is an educational one, that is, to prepare the nurse to give this service; therefore be it

Resolved, That we go on record as believing that the preparation of the nurse should be an educational experience and that the method by which this care best be achieved is through an independent school which plans and controls the complete experience of the nurse.

In passing the foregoing resolution the group reiterated that no *one* form of organization or pattern of program can be recommended; the statement of the group is concerned with a future goal toward which, as a profession, we can work together. In the meantime there are a number of con-

crete steps which our present schools, in whatever kind of organization they are operating, *can* undertake to improve the quality of their educational program. Members of the group pointed out several:

1. Analysis of the total activities that need to be performed in a given unit (of the hospital or agency). This would include those directly related to the personal care of the patient and all those necessary for maintenance and running of the unit. Scrutiny of each activity to determine whether, for its performance, education in nursing is actually needed, and if so, how much. Such studies frequently reveal that the additional number of nurses needed is not as great as previously thought if workers of other types are secured for the many non-nursing duties.

2. A program of in-service education through which all the graduate staff nurses can gain an appreciation of the philosophy of the school and of their own part and importance in the total educational experience of the student.

3. Rotation of the students' clinical experience in terms of their educational needs, not in terms of the service needs of the hospital. Placing of this responsibility in the hands of those who direct the educational program rather than nursing service will emphasize its educational quality.

4. Recognition of the importance of the ward-instructor who teaches at the bedside. Freedom from responsibility for administration of nursing service will greatly increase the effectiveness of the work of such instructors.

5. Critical review and study of the present sequence of courses of study and related clinical experiences with a view to seeing whether greater effectiveness might be achieved through reorganization that would take into account what we know of the psychology of learning and motivation.

While it was obviously impossible to arrive at a clear solution for any of the manifold problems our discussions had raised, it seemed evident to the leaders that in the frank, unemotional spirit in which the participants explored the various possibilities and their implications, and in the steadfastness with which they kept their eyes on the goal of providing better quality nursing care for our citizens through better preparation of our students — therein lies the hope and expectation for a future in which the school of nursing can rightfully call itself a school.

— IDA MACDONALD

Public Relations Workshop

"TO WHOM it may concern — and it concerns all of us!" The most important person in a public relations program for nursing is the patient. The satisfied patient is our best press agent. The individual nurse is his source of information. Is he satisfied with his nursing service? If not, why not? He bases his opinions and receives his information from the individual nurses who give him nursing care. What kind of nursing care, then, do his nurses provide? A well-adjusted, trained, and informed nurse, who is cheerful, sympathetic, and sincere, will create a favorable attitude in the patient. To ensure that the nurse is well trained and informed, we look to the school of nursing responsible for her educational program. The quality of her education depends on the standards set for schools of nursing by the members of the profession — that is, you and me — through the channels of our professional associations, with the legislative authority

at provincial level. You and I are responsible for influencing the level of standards of education and of service through our national association in its advisory capacity to provincial associations, and to institutions and organizations concerned with health matters.

A similar line of responsibility for building and maintaining good public relations for hospitals and public health organizations can be drawn from the chief administrative officer to the telephone operators, the porters, the clerks, the maids, the orderlies, the doctors, the internes, in fact *all* employees in the organization. This type of public relations program is termed the internal or intra-agency program. It is a very important part and can be implemented through staff conferences, personnel guidance and counselling activities. It is at this "family" level that the most effective public relations program is achieved. Our families and our friends are influenced in their attitudes towards nursing and nurses from the way we behave from day to day more than from any propaganda they hear or see on radio or screen. Our actions always speak louder than our words.

The ANA Workshop on Public Relations filmstrip is an excellent short course on methods and materials for use in public relations programs. In the September issue of the *Journal*, Mr. Dorais has described in detail the public relations program adopted by the ANA. We enjoyed seeing and discussing the sections dealing with The Spoken Word, The Press, Radio, Direct Mail, and Planned Events. The basic principles underlying a successful program were clearly defined and illustrated. Careful planning, honesty and integrity in reporting, co-operation and team-work all along the line are essential to success. The financial aspects are a worry, of course, but it surprised us all to learn how much goodwill towards nursing lies more or less dormant in our average community. A live public relations program can awaken this dormant goodwill. Nursing today needs the active support of the public and the Canadian Nurses' Association cannot afford *not* to have a public relations program. In the American Nurses' Association statement, the nursing association was likened to an iceberg — four-fifths invisible. We need to "increase our visibility."

The members of the Public Relations Workshop strongly supported the recommendation that the C.N.A. needs to undertake a sound public relations program in the best interests of Canadian nursing. The purposes and objectives of this workshop were stated in the workbook to be:

1. To clarify in the minds of nurses the role of the professional nurse in both community and hospital.
2. To clarify the role of the community in relation to nursing.
3. To help nurse employers realize the importance of understanding each worker as a human being.
4. To evolve principles that will help those administering institutions to determine on policies that will provide the best service to the public and produce a happy and effective worker.
5. To discover what planned activities will adequately inform the public, win support for the profession or institution, and develop interest in and support for the nursing profession and the institutions it serves.
6. To find out wherein nursing can serve the public better through discovering what the public thinks, wants, needs, likes and dislikes.

We are greatly indebted to the ANA Public Relations Counsel, Mr. Leon Dorais of the Bernays organization, for presenting the workshop filmstrip and leading the group in discussion on the various aspects of an "external" public relations program. Our sincere appreciation is extended to the registrants who participated in discussion so freely, emphasizing the great need for a more positive and consistent "internal" public relations program for our service agencies and institutions, as well as for the professional associations. My favorite motto for a public relations program reads —"That the people may know."

— E. A. ELECTA MACLENNAN

Staff Education Workshop

IT IS OUR responsibility in this brief report to bring you a picture of the Staff Education workshop — the organization, the activities, and a few of the findings. Needless to say, it was a fairly unfamiliar field to all of us, but all participated freely in expressing problems and opinions for which we thank them.

The opening session, as an entire group, was spent in formulating a broad picture of staff education. This was interpreted as any effort made by an agency to further the development of its staff members, receiving in return better service. During the discussion, a number of representative members of the group stated their problems and these were summarized by Miss Young.

Previous to this discussion period, Miss Riches outlined "Information Please," a questionnaire which we felt might be helpful in: (1) determining the needs of the group; (2) assisting the "shoppers" to determine for themselves where they, as individuals, should direct their efforts, and by use at the close of the workshop to (3) assist in estimating the results obtained. The findings were interesting. Those present included: 11 administrators, 7 educational directors, 17 supervisors, 8 staff nurses, and 4 others. It was interesting to note that there were participants from all provinces with the exception of Manitoba, and also one member from India. There were: hospital, 33; public health, 15; private duty, 2.

To the question: "Are you familiar with your responsibilities in your position?" — 14 stated they were unfamiliar, 26 reasonably familiar, 7 familiar. Although the group indicated they were reasonably familiar with the need for staff education and the values derived, they were less familiar with how to recognize the particular needs of the individual and the group, and how to best meet these needs. The majority were familiar with the factors involved in an orientation program in relation to the individual but were in doubt regarding the agency responsibilities.

The demonstration and open discussion methods of group education were the most familiar to those present; other types, such as symposium, panel, round table, and bedside clinic, were less familiar. Types of evaluation were a field in which a large percentage indicated lack of knowledge and 38 of the group were doubtful that they could interpret to the board of directors the staff education program in relation to budgetting.

Following a breakdown into groups in the third hour of the first morning, four discussion groups chose members as chairmen and secretaries. A statement of problems resulted in one group studying "staff conference," another "the orientation program," and two others a general picture of an in-service training program. The full period on the second day and one hour of the third morning were all too short to develop the material fully. Short breaks for reference browsing seemed helpful and there were even those who returned for further reading later in the day.

During the closing period of the last day, the entire group assembled to hear the summaries and these proved particularly interesting. Two members of the orientation group dramatized the importance of the introduction of the new staff member with a "skit" showing the contrast between the introduction of the nurse in the past and how this will be done following the staff education workshop. This presentation, which is published below, delighted everyone present and we only wish you could have all enjoyed and benefited from it too.

The final questionnaire indicated growth along many lines but also showed the limitations of time and lack of experience in planning.

In closing, readers will be interested in some of the recommendations which

came from the "shoppers" themselves:

1. Individuals might come better prepared to discuss specific topics.
2. The planning for groups could be improved, such as having leader prepared ahead of time.
3. Twelve members was a good sized group for discussion.
4. Accommodation for discussion groups could be improved as too close proximity of tables caused difficulties.
5. Workshops would be profitable on a provincial level.

Introduction Without Tears

or

We Welcome a New Staff Member

Dramatis Personæ

Miss Vintage - - Superintendent of Nurses
Miss Stranger - New staff member
Miss Newschool - Director of nursing
Miss Orientator - Supervisor of orientation program

Scene I

Office of the superintendent of nurses, Hospital X, time—1923.

Curtain: Miss Vintage sits at her desk concentrating on paper work. (Knock at door)

Miss Vintage: (Continues to write) Come in. (Enters young graduate, very correctly dressed)

Miss Stranger: I am Miss Stranger, Miss Vintage.

Miss V: Yes, I know; (looking at her watch) you are five minutes late.

Miss S: I am very sorry Miss Vintage, but I had trouble with my baggage and I was delayed.

Miss V: Humph, well, don't let it happen again. Now, you are going to work on the obstetrical floor, and you haven't changed yet. You'd better go over to the nurses' home and change right away.

Miss S: Please Miss Vintage, where is the nurses' home?

Miss V: Out the front door and the second building on your right. They'll know at the desk where your room is.

Miss S: Thank you very much, Miss Vintage. When shall I come back?

Miss V: Report as soon as you're changed. Come in the west door, take the elevator to the fourth floor. Miss Headnurse is in charge there and will give you your orders.

Miss S: Thank you, Miss Vintage.

Exit Miss Stranger

Curtain

Scene II

Office of the director of nursing, Hospital XX, time—1948.

Curtain: Miss Newschool is sitting at her desk dealing with correspondence.

Miss Newschool: (Looking up cheerfully) Come in.

Miss Stranger: Good morning, Miss Newschool. I'm Miss Stranger.

Miss N: Oh yes, Miss Stranger. I was expecting you. Do sit down. Did you have any trouble getting here?

Miss S: No, indeed, I came on the train you indicated in your letter, and I was met and brought directly to the nurses' home.

Miss N: That's good. I'm glad everything worked smoothly for you. Have you had time to read the outline of our personnel policies that was sent you with your letter of acceptance?

Miss S: Yes, thank you, Miss Newschool. Of course, I intend to review them again when I get working.

Miss N: Are there any questions about it? If there is anything at all you don't understand about it either now or later, I'll be glad to help.

Miss S: Am I right in understanding that I am paid in full and repay the hospital for my maintenance?

Miss N: Yes, that is quite correct and, of course, you only pay for the meals you eat in our dining-room. I hope you are going to enjoy being with us. By the way, this is a sketch of the hospital (hands it to her). I think it will help you become familiar with our various departments.

Miss S: Thank you, Miss Newschool. Now, about my work?

Miss N: We have a pre-test for all our new staff members. It is not difficult but will help us in determining your particular abilities and needs. This is it (handing it over). Will

you check it and hand it in any time tomorrow? You know you are going to the Obstetrical Department, and the first week is entirely taken up with the planned orientation program. I will call Miss Orientator and she will come down for you as soon as we've finished here. However, you'll find on the floor a ward manual which outlines the departmental routines and your particular responsibilities. Miss Orientator will take you to the sitting-room where the graduate staff have their afternoon tea. It is next door to the library. You will meet some of the staff and then you can see the library and the literature that is entirely at your disposal.

Miss S: Oh yes. I wonder, Miss Newschool, if the library subscribes to the new magazine, "We the Fathers," for the use of the Obstetrical Department?

Miss N: Our obstetrical supervisor recommended that at our last staff conference and it has been ordered. By the way, we have a planned staff education program here. Did you have one in the hospital from which you've come?

Miss S: Oh yes, we had one planned a year in advance. We met regularly in on-duty time. Shall I be responsible for any of the program here?

Miss N: Yes, of course, Miss Stranger. You'll not be missed, "we've got you on our list." (They both chuckle and Miss Newschool picks up telephone.) Will you call Miss Orientator and tell her that Miss Stranger is here.

Miss S: Thank you very much, indeed, Miss Newschool. I think I'm going to like it here. (Enter Miss Orientator)

Miss N: Good afternoon, Miss Orientator. I haven't seen you since your brother had his operation. Were you able to make satisfactory plane connections?

Miss Orientator: Yes, thank you very much, and he is doing very well.

Miss N: I'd like you to meet Miss Stranger and take her along with you.

(Miss Orientator and Miss Stranger shake hands as curtain falls.)

The above is a reproduction of the skit presented very ably by some of the young staff nurses to the members attending the workshop on staff education. It summarized many pertinent points developed in the previous eight hours of the workshop. It accented for the "shoppers" the following facts brought out in their study:

1. The importance of a planned introduction of the new staff member with regard to: interpreting personnel policies; presenting departmental routines; recognizing the responsibility to and of the new staff member; recognizing the importance of guidance as a tool for promoting individual growth; discovering the particular needs and aptitudes of the new staff member, realizing that she is a product of the civilization of today.

2. The value of a long-term plan for in-service staff education by: helping the individual to realize her own responsibility in developing and carrying out a staff program; stimulating her interest and promoting staff morale; providing reference materials and time for reading; assuring consistently good bedside care by more modern educational methods.

Other important factors considered during the allotted time dealt with modern educational methods to stimulate the interest of the staff in a staff education program — i.e., conference, panel. Unfortunately, time was not sufficient for this workshop to cover at all adequately evaluation and budgeting.

Constructive criticism by the "shoppers" of the workshop method was gratefully received by those in charge of this workshop. We, the consultant and assistants, are appreciative of the co-operation and efforts of the administrators, educational directors, supervisors, staff and private duty nurses representing India and all the provinces of Canada who attended this workshop and contributed thereto.

D. M. RICHES
JESSIE E. YOUNG
HELENE SNEDDEN

It is not the man who first says a thing, but it is he who says it so long, so loudly and so clearly, that he compels men to hear him; it is to him that the credit belongs.— SIDNEY SMITH

Workshop in Tests and Measurements

THIS WORKSHOP was a new mode of group study for the nurses participating in this pooling of mutual experience and ideas concerning the evaluation of personal qualifications and professional training. It provided an informative and stimulating means of exploring better possibilities in the selection and achievement of nurses so that their education would be improved and the future graduation of better nurses could be effected.

As stated in the group's booklet on tests and measurements — "Learning in nursing education today is defined in terms of student activities such as acquiring functional knowledge, habits of conduct and useful skill, the development of aptitudes, interests, ideals, appreciations, mental techniques of memory, judgment and reasoning and techniques of work and study." This definition of learning in nursing education determined the objectives and goals necessary to our undertaking. The primary purpose of the workshop, then, was to gain by leadership instruction and group discussion:

1. A clear formulation of the aims in testing and measuring.
2. An appreciation of the use of test results.
3. Knowledge of the principles underlying test construction.
4. Practice in the construction of objective test items in accord with accepted principles.

In order that members of the participating group might attain these objectives the main topics selected for discussion included "Why Test," "What to Test," and "How to Test."

Participants in this workshop comprised about twenty-five members who were divided into three "interest groups." From the very first meeting, after a brief period of establishing the necessary rapport between the leaders and the members of the workshop, all those taking part in the proceedings created an atmosphere of very lively interest, enthusiasm, interchange of information and ideas, and the friendliest feeling of co-operation and mutual helpfulness. This attitude greatly added to the value of the deliberations.

The work of the first day consisted in establishing a sound orientation among the participants as to the purpose and meaning of the functions of testing and measurement. This was accomplished by direct instruction followed by discussion concerning the philosophy of testing and the setting up of appropriate objectives in the evaluation of training practices. The members were then divided into their various "interest groups" for round-table discussion of the current theme. The morning ended with a summary of proceedings. The impressions gained from the first day's work, from the members themselves, were that they enjoyed and profited by working in groups with mutual training interests and that their discussions had been lively and practical. The members of each group felt that they had become more clearly and pertinently "objective-minded" about reasons and intentions essential to measures of evaluation in their various fields of work.

On the second day members of the group exemplified the routine development of a nursing skill—namely, bandaging. Then they engaged in devising a rating of the procedure. This was followed by a useful discussion concerning the evaluation of students and their work in nursing practice in different years of their course. Topics covered in the discussion were as follows:

Nursing ability: (1) Skill in nursing performance; (2) application of knowledge in nursing performance; (3) consideration and understanding of patients; (4) observation and reporting; (5) care of equipment. *Administrative ability:* (6) Sense of responsibility; (7) ability to organize; (8) adaptability to ward situations. *Personality:* (9) Appearance; (10) emotional stability; (11) response to

guidance; (12) ability to co-operate with patients, doctors, fellow students, and others.

A key or series of explanatory notes was used in connection with each of the topics discussed so that the participants became thoroughly familiar with the extent of evaluation necessary under each heading. The impression gained from the second day's work was that the entire proceeding was eminently practical. Discussion on this occasion was much freer and more fruitful in suggestions for measuring procedures in nursing practice. Use of the problem-solving method lent itself well to the topics and material introduced at this time.

The work of the third day consisted of a full and usefully frank discussion and appraisal of personality rating, including intelligence testing, aptitudes for nursing, and other characteristics of student nurses. This was followed by an examination of the construction of rating scales, anecdotal records and the like. Many suggestions were considered on setting up quiz and examination questions, their assessment, weighting and recording.

Throughout the proceedings there was an excellent exchange of ideas and views carried on by the members of the group. At the end of the three-day study and practice period, the members concluded that there was a great need for more instruction in the whole field of tests and measurements and for newer slants on old problems of evaluation in nursing education. With a fresh approach, further knowledge, and re-vitalized practice new hope of greater success in the training of Canadian nurses would be assured in the future.

A well selected bibliography of reference books and magazine articles was made available for the use of the participants in this workshop. These source materials had quite a wide circulation among the members of the group and were a distinct aid, not only for immediate consultation, but for future reading and study purposes.

Glancing back at the deliberations of the workshop, it may be noted that here was a group of nurses with serious intention working together toward the solution of their problems in this field. Each member had a specific problem or interest which had arisen out of her experience. Group study and discussion provided easy access to the experience of other members representing a variety of kinds of assistance related to each individual's problems and interests. Each participant enjoyed ready and friendly contact with other members of the workshop group who had met difficulties similar to her own. Both formal and informal associations with other workshop members of differing backgrounds of experience contributed to each participant's thinking about her own particular interest, broadened her general professional outlook, and provided a scope of opportunity for new experiences in co-operative activities.

Such success in enlightenment, mutual improvement, and growth in co-operative good will which attended the sessions of this workshop was due in large measure to the active and interested participation of the individual members of the group, to the very excellent preparatory work, and to the skilful and understanding leadership, instruction, and guidance provided by Miss H. E. Penhale and Rev. Sister Forest. The joint efforts and keen enthusiasm of group members and their colleague nurse leaders alike made the workshop both profitable and memorable.

— H. D. SOUTHAM

Training the Mind

Canada spends more than $25,000,000 annually for the upkeep of mental hospitals and the cost of mental ill-health in this country is estimated conservatively at $120,000,000 each year. Leading psychiatrists believe that much of this mental illness could be prevented by proper childhood training. Parents, nurses, and teachers should attempt to understand the children in their care and train their minds to cope with problems.

Job-in-Training Workshop

THIS WORKSHOP, under the leadership of the Misses Marion Nash, Helen Brown, and Frances Ferguson, was held in an attempt to demonstrate to nurses that the training courses developed by industry and used with such success could be adapted to nursing needs. Job-in-Training is simply an organized approach to training. The enrolment was relatively small, thirty-two, but those who registered continued attendance throughout the three mornings and the greater number were present for the showing of the film. "Four Steps Forward." This film demonstrated very clearly the need for organized training in any situation.

On the morning of June 29, the consultants and the "shoppers" met as one group for the first hour. The leader explained that as Job-in-Training was a broad field, it was the intention to deal only with one phase of training — that is Job Instruction — and to give the standard ten-hour course outlined by Canadian Vocational Training. All those who had registered prior to the meeting had received an introductory article on Job - in -Training, together with a thought-provoking questionnaire and bibliography.

Mrs. B. A. Bennett, chief nursing officer of the Ministry of Labor for Great Britain, our guest speaker for the first period, outlined briefly how the Training Within Industry program was being utilized by hospitals in England. Mrs. Bennett explained that she had first heard of this training program in 1946 while on a visit to the Victorian Order of Nurses in Montreal where she had been much impressed by the teaching done by one of the nurses with whom she had visited. On her return to England, she had visited the T.W.I. training centre and the result was that she had been successful in introducing T.W.I. methods into a number of the nursing schools. We were interested to learn that a representative group of matrons and sister tutors had participated in training institutes and that they had been particularly interested in the institute on Job Relationships. Under the new health plan, we were told, Great Britain is sub-divided into health regions and for each region an industrial trainer has been appointed.

Following Mrs. Bennett's interesting exposition of the reaction of British nurses to industrial training, we separated into three working groups. The discussions developed under the following headings:

1. (a) The supervisors' needs; (b) importance of training to service; (c) the four-step method: (d) faulty and correct instruction methods.

2. (a) Job demonstrations by participants; (b) demonstration of job breakdowns; (c) planning and preparation for instruction; (d) time study.

3. (a) Analysis of job breakdowns by participants; (b) the practical application of the four-step method to the long operation; (c) questions and general summary; (d) sample breakdowns.

Each participant had been asked to come prepared to demonstrate a lesson that could be taught in about fifteen minutes. Time did not permit each individual to act as demonstrator but the lessons which were given provided excellent material for discussion and analysis, and pointed up very clearly the points we hoped to illustrate.

The objectives of Job Instruction might be stated as follows:

1. To help strengthen the morale of the learner by a recognition of her need for help in meeting new situations and learning new skills.

2. To help the learner adapt to new situations and master new skills with a maximum of satisfaction to the learner, the instructor, and management.

3. To help maintain the morale of experienced workers by introducing the new

learner in such a way that loss of time is not sustained by the senior employee.

4. To help build morale of the whole staff by strengthening relationships and promoting satisfaction through expert teaching that results in a high quality of work and service.

At the close of the session, the entire group met informally. Questions were asked on how to secure further training and what the association could do to promote training institutes on the provincial level. We used the suggestion slips at the end of each meeting and readers will be interested in a typical comment: "This workshop has been most interesting and helpful to our everyday work. I hope the workshops will be continued at future C.N.A. meetings." Possibly some of the group might say with the British sister tutor: "At first I was afraid of its simplicity." Before the close of the workshop, most participants were willing to subscribe to the principle that the responsibility for teaching rests on the instructor or supervisor and that "if the learner hasn't learned, the teacher hasn't taught."

— MARION NASH

Workshop on Newer Methods of Teaching

PREPARATORY to the workshop the following problems were selected from the returned questionnaires as those having priority for discussion:

1. What implications for nursing education and practice do you see in the present trend toward regional planning for community health, the hospital taking its place as a vital centre in reorganized community health services?

2. It has been said that the patient-centred approach in the clinical field, together with a deeper understanding of the family and the community, are essential for the nurse in our society. What disciplines and what experiences will best contribute to this end?

3. "Clinical instruction is the very core of the nursing curriculum."—Blanche Pfefferkorn.

(a) How can we place the patient as the centre of clinical instruction?

(b) How can we sustain interest in clinical experience in the student's third year?

(c) How can we develop professional attitudes?

(d) How can we teach the student to work toward professional excellence?

It is interesting and significant that, not only were all provinces in the Dominion represented, but we drew our workshop membership from every field of nurse practice.

The problems chosen reflect something of the impact made in recent years by sociological and scientific trends and changes. Through and beyond these problems could be seen the broad, general objectives which we hoped to achieve through the workshop, viz.: a deeper understanding of contemporary social needs; clearer perspectives; more adequately conceived objectives; a clearer recognition of what curriculum content should be; and insight into more creative methods in nurse education.

It is difficult to isolate for purposes of a condensed report the *products* of the workshop as distinguished from its *processes*. One must question the validity of such isolation in view of the relatedness of process and product. Furthermore, there is very real need for research in that uncharted area wherein we sense, though we cannot measure, the influence exerted by the *nature* of problem upon both process and product. For example, comparison of group reports and

tabulations from daily questionnaires would indicate a higher percentage of "approval" and "satisfaction" items for the second as compared with the first day, with a much greater awareness and recognition of "common goals." To what extent are those differences due to the nature of the problems under consideration, and to what extent may they indicate the forward movement of group process? If it could be demonstrated objectively that the differences, to any appreciable extent, are inherent in the nature of the problems, it would then be necessary to investigate objectively the extent to which the profession may fail to be realistic in regard to the implications of Problem 1. On the other hand, we have evidence in our tabulations and reports to support the view that we have, for many years, given verbal and intellectual acceptance to the implications of Problem 2. Certain fundamental principles are involved here which are not accorded freedom of operation in practice fields. Logically, we proceeded to investigate this intellectual acceptance of principles vs. blocking of application in practice formula, and our tabulations reveal the result in terms of discouragement, frustration, and transfer to other fields of practice with the hope of finding an area where principles may be found to be operative. There is nothing novel in these results, but the nurse of today and the nurse of two or three decades back reacted, or were free to react, differently when faced with the formula. However, the profession should be greatly concerned that certain problems in nurse education and practice have persisted for three or four decades.

Many of our workshop members expressed the conviction that there has been considerable deterioration, in the area of our concern for the value and significance of human personality —the patient, his family, the student nurse, and the graduate nurse. This expression did not stem from a philosophical approach, but from a very practical orientation to the importance of human personality as it bears upon our efforts in illness, health, and education. As we moved forward to the tabulation of factors responsible for this deterioration, the following were documented:

> Greatly increased, and increasing "turnover" of patients in our large surgical wards; greatly increased, and increasing "patient load;" greatly increased, and increasing "responsibility load" as revealed by activity analyses; limited equipment, inadequate and outmoded hospital plant facilities.

These and other factors less frequently cited tend to determine the quality of patient-care. But we were concerned to identify the implications for nurse education in our problems. We were trying to achieve better perspective of the students' needs for guidance in learning to give "patient-centred care." It was true forty years ago, and we re-affirmed that "good nursing care can be learned only where good nursing care is being given." The question was raised— "Can we achieve our educational objectives in the large, pressure-driven wards of our hospitals?"

Tabulations from items, which dealt directly with the assumption or non-assumption of professional responsibility in practice fields, reveal still other factors which militate against the achievement of our educational goals, viz., graduate nurses who are:

> Too busy with administrative, professional and non-professional responsibilities to give this guidance to our students; not adequately prepared to give this guidance; simply do not recognize it among their functions.

Meantime, where are our prepared teachers? The evidence points heavily in the direction of educational practice which tends to isolate them in classrooms with excessive loads of "formal teaching," or they are segregated in "demonstration rooms" with their students and one, Mrs. Chase, (who never could lay valid claim to either personality or pathology). In that setting they try to establish an air of reality while attempting to achieve objectives through a "pro-

cedure-centred" curriculum, through processes of "make believe!" The swiftness with which Mrs. Chase went out of our workshop window at that point augurs well for more and better use of the legitimate field for student guidance in the interests of better patient-care and better nurse-education.

The workshop was a new experience for most of our group. We acknowledge that ours had many imperfections, and we were pressed by limitations of time. There were, however, many expressions of satisfaction with the enterprise, and agreement that the C.N.A. should sponsor larger and longer workshops. Because of the opportunity provided for participation by all members, many felt for the first time a sense of belonging to our national association, where formerly they had been passive recipients at biennial meetings.

Acknowledgment is here made of the able and whole-hearted assistance given by Rev. Sister Denise Lefebvre and Miss Frances King, and of the generous co-operation given by our group discussion leaders.

—EDITH MCDOWELL

Adventures in Bedside Nursing Workshop

THE ASPECT of "Adventures in Bedside Nursing" chosen for study was the relationship which exists between the patient and the nurse. This choice was made because it was felt many of our problems have their basic cause in undesirable human relations. Before any problem can be solved it has to be recognized, the cause investigated, and recommendations made for its solution. This was the method used in this workshop.

We had fifty-two members enrolled who represented all branches of nursing and all degrees of experience from students to one superintendent.

The first period of the first day was spent in the orientation of the participants to the topic and a suggested method of approach. Since we realize it is the nurse who must make the necessary adjustments and not the patient, we had open discussion on the innate qualities of the nurse and those that must be developed which are her necessary tools for building this relationship. The type of nurse who would bring about this satisfactory nurse-patient relationship was represented by a tree, the roots of which were her qualities inherent at birth and those acquired by early environment. The branches depicted the growth and development from these roots, nurtured by her later environment and education.

In order to illustrate a probable technique for solving problems, the leaders dramatized a simple hospital situation. This was analyzed and evaluated by the entire group in terms of the three following questions:

1. What are the difficulties?
2. What are the causes?
3. How might these difficulties have been prevented?

The scene was re-enacted applying the recommendations made and again re-evaluated.

The members were divided into groups according to their interest in several suggested topics. These were:

1. Responsibility of the supervisor for the development of desirable attitudes in the nurse.
2. Responsibility of the supervisor toward the patient and his family.

3. The nurse's responsibility to the patient.

4. How may the nurse develop an awareness and an appreciation of the patient as a member of a family in a community?

5. How may we get the nurse to realize the teaching possibilities in relation to the total needs of the patient?

Each group selected specific situations which illustrated such things as: Fears which beset a patient on his admission to hospital; emotional needs of the sick; responsibility of hospital staff to the strange nurse; reasons for patient's unwillingness to seek medical and nursing service; nurse's responsibility for health teaching and interpreting community facilities to the public; emotional factors in surgical nursing.

The second day was devoted entirely to consideration of these problems and the method by which the conclusions of each group would be presented to the entire group. The consultant, Miss Ella Howard, and her assistants were available to give help to the groups.

Thursday, all members again assembled to hear the results of the study of the individual groups. The conclusions were presented in various forms, such as panel discussions, dramatization, reports, and case histories. Free discussion followed each presentation. At the conclusion of the workshop it was the opinion of the participants that:

1. Human relations is an important factor in every phase of nursing, whether it is that which exists between the superintendent and the hospital board, the head nurse and the private duty nurse, the supervisor and the student, the nurse and the patient, or the community and the profession as a whole.

2. Problems should not be taken at their face value and judgment meted out accordingly but should be investigated and analyzed till a satisfactory solution has been found.

3. If the nurse develops within herself the art of maintaining good human relations it will result in greater satisfaction to herself; will enlarge her sphere of usefulness; and will foster greater appreciation of her professional privileges and responsibilities.

4. Satisfactory nurse-patient relationships are the corner-stone of good public relations.

The spontaneous enthusiasm apparent in our final discussion of this method of study endorsed its success. The general opinion was that discussion was stimulating, that in the interchange of opinions and experiences a good deal was learned by all, and that the time given was well spent. In short, let us have more workshops, not only on a national but also on a provincial and a local level.

A. Dorothy Potts
Ruth M. Watson

"Scarlett Rae"

A cocker spaniel, black as the ace of spades, is one of the direct offspring of the twenty-fourth biennial convention.

Four nurses from Yarmouth, N.S., much impressed by their first visit to the Canadian Nurses' Association convention, and much intrigued by and interested in a sign, "Dogs for Sale," stopped on their return journey and bought one on the spot.

Wishing to commemorate this occasion, they chose two of the people who had impressed them most to give their names to the dog. So we have a new member in our family — "Scarlett Rae."— Margaret Treefry, Joan Palmer, Edith Bullerwell, Elizabeth d'Entremont.

The New Member

AUX INFIRMIÈRES CANADIENNES-FRANÇAISES

But et Responsabilités d'une Ecole d'Infirmières

Soeur Denise Lefebvre, M.Sc.

Il serait tout à fait banal de tenter de prouver la nécessité d'un but dans toute entreprise de quelque importance. Pourtant, j'ai lu, je ne sais plus où, que le monde s'arrête pour admirer l'homme qui sait où il va. Est-ce donc une chose si rare? Car dans notre siècle de vitesse, le monde n'est pas très avide de s'arrêter, surtout dans un but de contemplation!

Le but, c'est la fin que nous nous proposons, c'est ce vers quoi nous tendons. On m'a demandé de vous entretenir du *but de l'école d'infirmières*, et déjà, je vous entends me dire: "Notre but, n'est-ce pas de former des infirmières professionnelles?" De toute évidence, avant de formuler un but, il me faut une connaissance assez exacte du résultat que je veux obtenir. Ce résultat, quel est-il? *Qu'est-ce qu'une infirmière professionnelle?* Le savons-nous exactement, alors que dans tous les milieux, professionnels ou autres, et même dans le public, on nous propose des définitions plus ou moins contradictoires. Quelques-unes de ces définitions nous font sourire, d'autres, par contre, nous remplissent d'inquiétude.

Si je feuillette un peu les pages des journaux ou des revues, je vois un public, d'une part, plein d'admiration pour le généreux dévouement et la compétence de l'infirmière et, d'autre part, je constate que ce même public critique sévèrement nos infirmières et les institutions qui les forment. Quelle sera la conséquence de cette publicité? Tournera-t-elle à notre avantage en nous forçant d'analyser notre situation, d'affirmer de nouveau plus fortement ou de reformuler notre but? En tout cas, il a là une sorte d'aiguillon propre à nous stimuler.

Lorsque je me tourne vers la profession elle-même dans l'espoir d'en recevoir des directives non équivoques sur le but et les moyens de formation de l'infirmière, il me faut avouer que la confusion semble plus grande encore. Consultons nos dirigeantes, tant au Canada qu'aux Etats-Unis, ainsi que les revues professionnelles au sujet de l'avenir de la profession d'infirmière?

Nous sommes, répondent les unes, dans une période d'expérimentation. Faut-il exactement trois années entières d'études et de pratique pour devenir une infirmière professionnelle? Si on éliminait, disent-elles, bon nombre de travaux secondaires qui n'entrent pas nécessairement dans la préparation essentielle de l'infirmière, n'y a-t-il pas lieu de croire que le temps ainsi épargné pourrait être utilisé de façon à réduire le cours à deux ans, ou à vingt-six mois? L'école d'infirmières attachée à l'Hôpital Métropolitain de Windsor, qui a ouvert ses portes en janvier dernier,

Soeur Denise Lefebvre est institutrice des infirmières, l'Institut Marguerite d'Youville, Montréal.

veut essayer de nous prouver que la chose est possible.

Ailleurs, on parle de deux catégories d'infirmières: l'infirmière professionnelle et l'aide-malade. Les deux participent au même travail, mais chacune dans une limite qu'il faudra nécessairement déterminer, si nous voulons qu'il y ait bonne entente. Et là aussi, les idées sont partagées, pour ne pas dire confuses.

Depuis quelque temps, un mouvement se dessine dans la profession, je veux dire la tendance vers l'école centrale. On considère ce développement comme étant la réponse à bon nombre de nos problèmes d'éducation professionnelle. Dans certains endroits, on veut donner plus d'envergure au projet en instituant une école centrale où l'on utiliserait à la fois, pour la formation de l'infirmière, les ressources de l'hôpital et celles de l'hygiène publique; le facteur santé primerait sur le facteur maladie; l'idée de prévention, plutôt que de thérapeutique ou de guérison, serait à la base du programme. Le malade serait considéré avec toutes les influences de son entourage.

Depuis l'étude de la "structure" du nursing aux Etats-Unis, nos voisines américaines analysent la profession dans un but de réorganisation. Un programme de trois ans à moins qu'il ne contienne un plus grand nombre d'éléments culturels ou qu'on établisse le baccalauréat comme exigence d'admission leur semble inadéquat pour une formation professionnelle solide.

Où donc en sommes-nous? Pouvons-nous, dans une situation aussi embrouillée, percevoir un but bien précis?

Heureusement qu'à côté de toutes ces contingences, ces progrès ou ces reculs, il se trouve des principes immuables sur lesquels nous pouvons appuyer un programme éducationnel qui répondra, à la fois aux besoins de nos infirmières et à ceux de la société qu'elles servent.

Les éducateurs, à l'instar de Mgr Dupanloup, nous disent que toute cette formation professionnelle comprend deux éléments essentiels: apprentissage technique basé sur des principes scientifiques, et développement intégral de la personnalité. Ces deux genres de formation sont d'une égale importance pour l'infirmière. L'éducation générale développe intégralement ses puissances, lui donne toute la dignité propre à sa nature, l'élève au-dessus des choses passagères de ce monde, la rend capable d'atteindre sa fin la plus haute dans un monde meilleur, en même temps qu'elle la rend habile et plus forte ici-bas. L'autre, la formation technique, la cultive en vue de sa vocation sur la terre et de son rôle dans la société, l'y prépare directement et la fait entrer ainsi avec fermeté dans les voies providentielles que Dieu a tracées pour elle. Ces deux éducations ne sont pas opposées l'une à l'autre, bien au contraire, elles se fortifient, se perfectionnent, s'achèvent mutuellement. Négliger l'une au profit de l'autre, ce serait les affaiblir, ce serait souvent les ruiner toutes deux à la fois.

L'encyclique sur l'éducation de la jeunesse nous enseigne que toute formation doit être complète — qu' "elle doit embrasser la vie humaine sous toutes ses formes: sensible et spirituelle, intellectuelle et morale, individuelle domestique et sociale, non certes pour la diminuer en quoi que ce soit, mais pour l'élever, la régler, la perfectionner, d'après les exemples et la doctrine du Christ."

Nous connaissons de même la définition classique d'une profession avec ses critères. Trois d'entre eux méritent spécialement notre attention dans le sujet qui nous intéresse actuellement, c'est-à-dire dans la définition du but et des responsabilités de l'école d'infirmières.

Voici le premier critère:

Une profession suppose un programme défini, spécialisé et organisé de façon à favoriser l'humanisme intégral. Elle exige un enrichissement et un progrès continuel au moyen d'études, de recherches, d'expérience. Ici encore, nous voyons les deux éléments essentiels à toute éducation professionnelle — formation technique et développement de la personnalité. N'est-ce pas ce dernier aspect qui distingue une profession d'un simple

métier? Mgr Dupanloup disait: "Avant de former le professionnel, formons l'homme."

Il faudra stimuler l'élève à continuer son perfectionnement — l'éducation est le travail de la vie, surtout lorsqu'il s'agit de formation professionnelle. Encore élève, elle doit développer le goût de l'étude, des recherches, le désir de l'avancement, de l'enrichissement. La recherche scientifique comme telle sera toujours la part des seules initiées, mais toutes nos infirmières devraient tendre vers le progrès et la compétence dans une science en perpétuelle évolution. Il n'y a plus de certificats permanents, et la stagnation est incompatible avec l'idée de profession.

Le deuxième critère est celui-ci:

Une profession est autonome; elle dirige elle-même ses propres activités. De là le besoin de chefs dans nos rangs. Ces chefs sont formés dans nos écoles. Vous connaissez cette parole d'un grand éducateur: "Les hommes! sans doute, c'est Dieu qui les donne; mais, Dieu le voulant ainsi, c'est l'éducation qui les fait."

Le troisième critère se lit comme suit:

Toute profession exige que les connaissances ne restent pas dans le domaine spéculatif, mais qu'elles soient appliquées par le dévouement et le don de soi au service d'autrui. C'est donc l'idéal de service et non l'appât du gain qui domine toutes les activités d'une professionnelle. Voilà le critère fondamental le plus important.

Dr Lucille Brown, dans une étude qu'elle fait présentement aux Etats-Unis, sur le nursing comme profession, a bien montré l'importance du facteur "service à rendre à autrui" comme élément essentiel d'une profession lorsqu'elle expliqua son attidude au comité qui lui a demandé de faire l'investigation. "Si à un moment donné, au cours de cette étude, dit-elle, je m'apercevais que les intérêts de la profession viennent en conflit avec les intérêts du public, je me verrais dans la nécessité de sacrifier les premiers en faveur du bien-être de la société."

En effet, une profession est une vocation; ce n'est pas simplement un moyen de gagner sa vie, c'est une occasion de vivre sa vie; c'est une source d'enrichissement, non seulement pour soi-même, mais aussi pour ceux avec qui l'on vient en contact. "On n'est jamais grand pour soi, toujours pour les autres," disait encore Mgr Dupanloup.

Notre but sera donc:

Le développement intégral de la personnalité.

La formation scientifique et technique répondant aux exigences de la profession et de la société.

L'habitude des recherches qui pousse au désir d'enrichir continuellement son bagage professionnel.

Le développement de l'esprit d'initiative, nécessaire à toute âme de chef.

Un dévouement sans bornes au malade, parce que celui-ci aura toujours été considéré comme le centre de toute l'activité professionnelle de l'infirmière.

Voilà le but que doit se proposer une école d'infirmières. Mais comment faire passer tout ceci dans le domaine pratique?

Lorsque je dis *école*, l'idée d'institution vouée à l'éducation me vient immédiatement à l'esprit.

A l'école d'infirmières cependant, un autre élément s'ajoute au premier, celui de service. Ces deux termes, *éducation et service*, dans la formation de l'infirmière, sont-ils exclusifs? Il semblerait plutôt qu'il s'agit de les harmoniser donnant à chacun son importance respective, car l'un ne va pas sans l'autre. Les conflits n'existeraient plus si on réalisait pleinement que l'hôpital a été fondé pour le malade, mais que l'école existe pour l'infirmière. Nécessairement, une bonne école d'infirmières rendra des services très appréciés à l'hôpital et vice versa.

La première responsabilité d'une école d'infirmières consiste donc à se considérer comme une *institution d'éducation*. Ceci bien établi et accepté, il faudra *définir et formuler le but d'une telle école*. L'Association américaine d'évaluation pour les col-

lèges et les écoles d'enseignement secondaires mentionne dans son manuel que le but doit être formulé très clairement et qu'il doit être évident dans toute l'organisation et l'administration de l'école. Le manuel d'évaluation préparé par le Rév. Père Schwitalla pour les écoles catholiques d'infirmières n'est pas moins explicite sur ce point.

Le but doit être précis, possible, pratique; il doit être accepté de la faculté de l'école ainsi que des élèves. Il faut s'assurer qu'il couvre toutes les phases de la formation de l'étudiante, c'est-à-dire sa formation générale de même que sa formation technique; sa formation morale et religieuse aussi bien que sa formation physique et intellectuelle. Il doit en même temps être assez flexible pour conserver à l'école son individualité; la standardisation peut devenir un obstacle au développement.

Ce but, une fois bien déterminé et exprimé dans une formule simple et aussi concrète que possible, doit passer en acte — rien ne servirait en effet de se proposer d'atteindre une fin que ni l'organisation, ni l'administration de l'école ne peuvent réaliser.

Et je passe à l'importance d'une *bonne organisation* et d'une *saine administration*. Un *comité de l'école* qui se réunit périodiquement et tient des minutes de ses délibérations, s'il est composé, pour la majeure partie, de personnes intéressées à l'éducation des infirmières, devient un facteur de première importance dans le succès désiré.

Pour travailler en collaboration, sans heurt, vers une fin commune, le personnel enseignant (directrice, institutrices, hospitalières) sera organisé et fonctionnera d'après des *règlements administratifs et pédagogiques* bien établis et clairement formulés.

L'école présentera un *programme* dans lequel s'harmonisent les éléments de formation technique et personnelle. Est-il suffisant de s'assurer que l'élève a bénéficié du nombre d'heures de cours requis et que les stages ont été complétés? (Encore faut-il qu'ils le soient.) Evidemment, me direz-vous, il faut plus que cela. Un programme est un système où tout se tient. On y trouvera un but défini et un plan bien arrêté, que tous les membres du personnel de l'école ont élaboré ensemble: directrice, institutrices, hospitalières orientées vers un même but par des méthodes communes, s'inspireront des mêmes principes. Je ne vois pas comment cela peut se faire sans un *comité du programme* qui s'occupe d'étudier à fond les difficultés présentées par chacune des matières, en éliminant les détails inutiles, les redites, et en adoptant un programme complet et co-ordonné, incluant un plan de la théorie et de la pratique.

Le comité étudiera de même chaque cours et chaque stage, en définira le but, le contenu, les moyens d'évaluation, ne perdant jamais de vue la fin primordiale qui est la formation adéquate de l'infirmière. Tous les professeurs, médecins et autres, devraient participer au travail du comité pour l'étude des sujets qui les concernent, afin qu'ils comprennent mieux la place que ces cours occupent dans le programme général. Au début de l'année ou du semestre, un plan préparé par le comité sera présenté à chacun des professeurs qui s'y conformera, tout en gardant l'initiative de conduire son enseignement d'après des méthodes de son choix.

Un tel programme tout en répondant aux exigences ne devra pas être trop rigide, car il faut suivre les progrès de la science et répondre à de nouvelles adaptations. Pour cela, il est évident que le programme doit être revisé constamment. En plus du bénéfice retiré par l'élève, les institutrices y trouveraient un grand avantage.

Une enquête récente dans le domaine des *méthodes d'enseignement* a montré que la matière médicale, la bactériologie et l'hygiène constituent un trio aride et trouvé peu intéressant par les élèves; quelques-unes ajoutent que la présentation n'en est pas suffisamment pratique. Pourtant, il s'agit ici de matières de base d'une importance primordiale dans le programme. Si l'on utilisait davantage les ressources du laboratoire dans les

deux premiers cas et si on appliquait constamment les données théoriques aux malades que l'on soigne, il est possible que l'attitude assez générale que l'on remarque présentement subirait d'heureuses transformations. Et, dans l'enseignement de l'hygiène, n'y aurait-il pas lieu d'appuyer sur le facteur "santé"? Qui n'est pas intéressé à améliorer ce don précieux, nécessaire à l'épanouissement de la personnalité humaine?

Les conférences et les cours y gagneraient si *la participation des élèves était plus spontanée.* Les méthodes actives, les discussions, les recherches obtiennent généralement ce résultat. Il faudrait aussi dans la plupart des cours centrer l'intérêt sur le malade. S'il en était ainsi, aucune leçon ne serait aride!

Certains *cours de culture générale* contribueraient à la formation complète de l'infirmière: l'hygiène mentale, par exemple, la psychologie, la sociologie, etc. On insiste beaucoup sur l'étude de l'organisme humain et cela est nécessaire, mais on oublie trop que l'homme est composé d'un corps et d'une âme. Si l'élève n'en étudie qu'une partie, le corps, il est certain qu'elle ne comprendra que l'organisme physiologique. Ce manque de notions psychologiques chez les infirmières a été constaté dans une expérience récente. Il fut démontré que bon nombre d'infirmières, parmi celles qui ont participé à l'étude, manquaient des notions nécessaires, non seulement dans l'observation des problèmes mais encore dans leur solution. Celles qui avaient suivi des cours de psychologie se montrèrent évidemment plus habiles en ce domaine.

L'infirmière doit être consciente de son *rôle social.* Il faudrait créer chez elle une attitude qui lui fera voir le malade dans son véritable cadre, non pas isolé dans un département quelconque de l'hôpital, mais comme appartenant à une famille et comme membre de la société. Il importe de mettre les élèves au courant des agences sociales, capables de venir en aide au malade à son départ de l'hôpital.

Une *étude des ressources cliniques* de chaque service permettrait plus facilement de fournir à toutes les élèves l'expérience requise tel que le demande le programme d'études. Je n'insisterai pas sur la nécessité d'établir une étroite *corrélation entre la théorie et la pratique;* ce sera le sujet de notre discussion dans l'article par Soeur Jeanne Forest, publié en mai. Je dirai cependant qu'une *surveillance attentive,* constante, est essentielle à la formation de l'infirmière et à la sécurité du malade. Cette surveillance doit nécessairement durer au-delà du temps de probation. Il ne faudrait pas confondre initiative et manque de surveillance: on dit souvent que le service de nuit donne de l'initiative aux infirmières, qu'il leur apprend à se débrouiller. Peut-être, mais encore, faut-il qu'une surveillance adéquate assure la sécurité du malade. Une infirmière qui doit faire face à des responsabilités dépassant ses capacités ne retire aucune valeur de formation de son travail, laissée à elle-même, elle se forme seule et se prépare pour le moins une carrière médiocre.

Le manque de *méthodes dans le travail* est évident chez bon nombre de jeunes étudiantes. Il faudrait leur apprendre à organiser jour par jour leur expérience, de façon à éviter une perte considérable de temps et d'énergie, et prévenir le développement de mauvaises habitudes.

Actuellement, on se plaint beaucoup de la légèreté des infirmières. Que voulez-vous? Nous sommes toujours le produit de notre temps; le nôtre nous a sans doute dotées des défauts qui lui étaient propres. Il semble qu'un bon remède consiste à confier à l'élève des responsabilités dosées d'après ses capacités. Les hospitalières se doivent de lui en fournir les occasions, qui ne manquent pas, d'ailleurs. On observe alors les ressources dont l'élève dispose, ce qui pourrait l'aider à former son jugement, à guider son imagination, à enrichir les sentiments de son coeur. Si son désir de devenir infirmière est sincère, elle acceptera la somme de responsabilités qui lui revient.

L'élève sera aussi habituée à *prendre*

la responsabilité de ses études et de sa formation. Pour cela, il semble qu'un examen partiel, passé à l'université, dès la première année, comme cela se fait présentement dans plusieurs provinces, stimulerait sans doute les élèves à une étude sérieuse dès le début de leur cours. Cet examen, ayant l'allure d'un examen final, les orienterait plus normalement vers l'épreuve finale de la troisième année.

Un *examen* est un bien pauvre instrument pour juger de la capacité intellectuelle. On n'a cependant encore rien trouvé de meilleur pour le remplacer. N'y aurait-il pas moyen de perfectionner cet instrument? Une série de questions ne constitue pas toujours un examen. Il faudrait préparer les questions en vue du but à atteindre. Chaque professeur, en élaborant son cours, devrait d'abord en énoncer le but, puis faire le choix du contenu, ensuite décider quelles questions d'examens lui indiqueraient le mieux si oui ou non il a atteint son but. Ainsi nous aurions des questions très pratiques qui nous éclaireraient sur la capacité réelle de nos élèves.

Un *programme d'orientation* s'impose dans nos écoles. Une conseillère spécialisée pour ses fonctions rendrait de grands services en orientation. Ces personnes sont malheureusement très rares. Il ne faudrait pas pour cela que la directrice, les institutrices et les hospitalières laissent passer inaperçues les occasions précieuses et très fréquentes de guider l'étudiante-infirmière dans les diverses phases de sa formation. Il est de leur devoir de connaître les capacités, les aptitudes, les besoins des élèves afin d'aider chacune, individuellement, dans le développement complet de sa personnalité, de faire épanouir des capacités latentes et ainsi former des chefs. Il faut de toute nécessité orienter nos infirmières dans la carrière qui répondra le mieux à leurs aptitudes; commençons au moins durant la deuxième année du cours, n'attendons pas au départ de l'élève. Aucune infirmière ne devrait quitter notre école sans avoir un but déterminé.

Impossible de parler d'un programme d'orientation, sans mentionner la nécessité des *tests psychologiques*. Plusieurs de ces épreuves sont maintenant préparées et standardisées pour notre population. La série dont nous aurions besoins pour nos infirmières n'est pas complète, mais avec le temps, elle le sera. Les psychologues perfectionneront ces tests dans la mesure où nous les utiliserons. Faut-il un spécialiste pour donner des tests à nos infirmières? Les psychologues ne sont pas d'accord sur ce point. Il est certain que les épreuves individuelles exigent une technique particulière, que seuls les initiés peuvent maîtriser et utiliser sans danger. Un bon nombre de tests de groupes cependant sont très simples à administrer et les manuels qui les accompagnent expliquent clairement la manière de les interpréter. Il faudrait toutefois avant de s'aventurer en ce domaine posséder un minimum de connaissances psychologiques et avoir suivi des cours sur l'administration et l'interprétation des tests. En plus, tout sujet qui présente un problème devrait subir un test individuel donné par un psychologue qui sera en mesure d'interpréter les résultats de façon à diagnostiquer le cas pour appliquer ensuite le remède nécessaire.

Le service de santé de nos écoles doit être un véritable *programme de santé* qui ne consiste pas seulement à soigner les malades, ni même simplement à prévenir la maladie, mais à améliorer et à enseigner la santé.

Dans les lectures, les programmes récréatifs, il faut s'assurer que le *choix des livres et des activités* est de nature à favoriser le développement intégral.

L'éducation ne sera complète que si notre programme comporte une *formation religieuse solide*. On ne saurait trop insister sur la nécessité d'un cours de religion, rendu pratique et démontrant la richesse d'une vie chrétienne pleinement vécue. L'atmosphère de l'école doit être imprégnée de vie surnaturelle.

Les *obligations morales* et les *responsabilités légales* ne seront pas non plus reléguées dans le domaine du mystère pour l'infirmière de demain.

Il y aurait encore bien des choses à

dire, mais je me bornerai à ces données générales; chacun des points mentionnés exigerait d'ailleurs une étude approfondie dépassant les cadres de cette causerie qui a tout simplement pour but de stimuler les discussions.

Rappelons-nous enfin que dès que l'on cesse de *se perfectionner* par l'étude ou l'expérience, on cesse d'enseigner. Cette vérité s'applique à toutes celles qui se dévouent à la formation des infirmières. Il a été prouvé que la préparation insuffisante du personnel dirigeant et enseignant est presque toujours la cause d'un grand nombre de lacunes observées dans la conduite des écoles d'infirmières.

Rappelons de même que l'éducation dans notre école est une *oeuvre d'ensemble* de la part de tous ceux et celles qui y participent. Seules, nous serions impuissantes, unies, nous devenons une force pour le bien. Si c'est dans le Seigneur, et pour Sa gloire que nous unissons nos efforts, alors, nous serons toutes-puissantes. Un grand éducateur disait: "Un principe fondamental et très noble de la pédagogie religieuse prescrit à l'éducateur de prier pour celui qu'il veut élever plus haut. Toutefois sa prière ne doit pas seulement consister à dire: "Seigneur rendez-le meilleur!" Il doit surtout prier: "Seigneur rendez-moi meilleur, afin que je puisse gagner l'autre à votre service."

℞ *Chuckles* P.R.N.

The pituitary gland is the seat of the female sex instincts.

The incubation period lasts from the appearance of symptoms to the onset of the disease.

The cells consist of cytoplasm with octopusses in it.

An atheist is one who gives ether in the operating-room.

Food is taken into the mouth where it undergoes massitation. It passes into the stomach where it is asciserfied.

Asthma and irriturcaria are allergic diseases.

Platelets cause clotting of the blood. They are like small pieces of cement in the blood stream.

Parenteral means care given to the mother before the birth of the child.

To prevent paralysis of the leg in polio, suspend the limb in a sling from the chandelier or ceiling.

The capsule which invests the liver is called the gall bladder.

A woman should think of pregnancy in terms of elation and happiness; then the whole pregnancy will be enjoyed and leave no mark of suffering or pain — only joy!

Dental Deficiencies

Faulty nutrition and dental diseases are linked up in a vicious circle, each augmenting the other. An insufficient supply during childhood of the various food elements required to build up sound teeth and a healthy body will result in poorly-formed supporting bone — a condition leading to gum disease in later life. Flaws in the enamel of badly-formed teeth are susceptible to decay and, when painful dental conditions result from these flaws, the chewing of many normal, healthful foods becomes an ordeal or even an impossibility.

Traffic Tragedies

More school-age boys and girls lose their lives in traffic accidents than by any other single cause. Public safety officers believe that the best way to combat this terrible toll of young life is by intensive education of both children and adults commonsense safety habits. Each year in Canada some 15,000 children die in traffic accidents, many of which could be prevented by proper training of pedestrians and motorists. Parents, drivers, and all public-spirited citizens have a responsibility in helping to save our children's lives.

Contributed by the Committee on Public Health Nursing of the Canadian Nurses' Association

Public Health Nursing Week in British Columbia

CHRISTINE E. CHARTER

WHILE a beginning was made in 1947 in the observance of Public Health Nursing Week, our efforts this year were still in the experimental stage, though on a somewhat larger scale. In fact after our committee once set to work our program grew much more rapidly than we had anticipated and we found ourselves with quite a heavy "baby" to carry.

ORGANIZATION

In January, 1948, a general committee of fourteen members was set up as a sub-committee of the provincial Public Health Nursing Committee. This group was comprised of representatives from the Department of Nursing and Health of the University, the Metropolitan Health Committee of Greater Vancouver, the Victorian Order of Nurses, the departments of Venereal Disease and Tuberculosis Control, the Health League of Greater Vancouver, and the Public Relations secretary of the Community Chest Council. This committee was subsequently divided into three smaller groups — one in charge of press and radio publicity, one of visual publicity, and the third responsible for arranging speakers for meetings.

We soon found that this start was none too early for making plans for the week of April 11-17. Each of the three smaller groups met as frequently as they found necessary, while four meetings of the general committee were held prior to Public Health Nursing Week, with one following it at the end of April, when we pooled our observations and conclusions.

The scope of our activities was limited by our finances since our total budget was $35. This included a donation from the Association of Metropolitan Health Nurses in Vancouver. While our objective was to help in interpreting the work of the public health nurse throughout British Columbia our concentrated effort was, of necessity, in the Greater Vancouver area.

THE PROGRAM

The program may be summarized briefly as follows:

The *Visual Publicity* group arranged for:

1. Two window displays in large, down town department stores, featuring the Child Health Centre and industrial nursing.
2. Ten smaller window displays were scattered throughout the city, dealing with general aspects of public health nursing.

Miss Charter, who is assistant superintendent of the Vancouver branch of the Victorian Order of Nurses, was convener of the special committee that planned for and directed the public Health Nursing Week activities.

3. In addition to these, each unit of the Metropolitan Health Committee assumed responsibility for providing suitable posters for store windows in their respective districts. The nurses themselves made these posters which looked most professional.

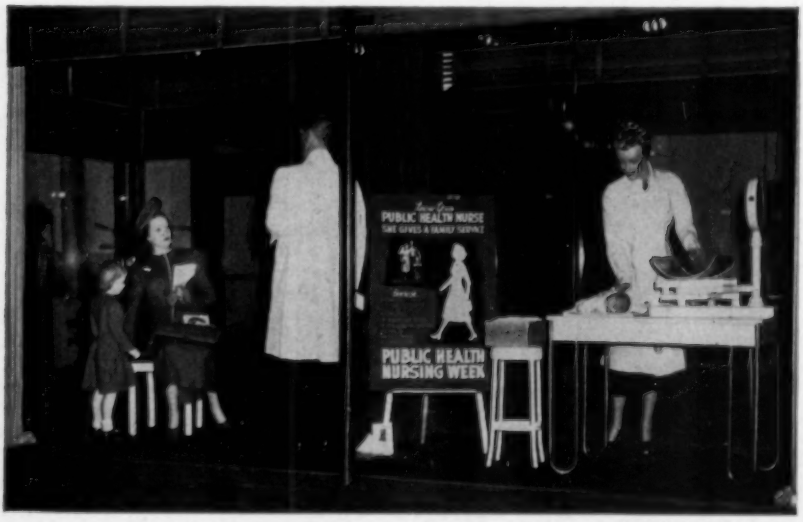
This group also worked with the speakers' committee in providing displays in conjunction with programs presented at the demonstration kitchens of our two largest daily papers — the *Vancouver Sun* and the *Daily Province*. At the *Province* kitchen a series of ten-minute talks once weekly for six weeks was arranged. Six nurses participated and outlined the preparation for public health nursing and services available in the community.

At the *Sun* kitchen we were allowed one two-hour period, when the program consisted of a talk on V.O.N. work in Vancouver, a demonstration baby bath, a discussion of accident prevention in the home, and a description of the Metropolitan Health Services in Greater Vancouver.

This group was also responsible for arranging for films. Through the cooperation of the National Film Board and the provincial Department of Health in Victoria, eight 16 mm. health films, accompanied by a brief commentary on the work of the public health nurses, were shown in numerous sections of B.C. A film of the Victorian Order of Nurses was also shown to some school groups in Vancouver and Richmond. The provincial Department of Health notified its units, and V.O.N. branches throughout the province were also notified of the films and asked to try to arrange publicity in their own centres.

The purpose of the *Speakers'* group was to interpret the work of the public health nurse through sending speakers to representative groups in the Vancouver area. During a two-month period, twenty-five service clubs, church groups, Local Council of Women, University Women's Club and auxiliaries were addressed by public health nurses. They spoke at dinners, luncheons, morning, afternoon, and evening sessions. The talks varied in length from three minutes to comprising the whole program. As well as arranging meetings, this group assembled material from each public health agency in B.C. and from American public health nursing organizations and supplied the speakers with suggested outlines for their talks.

Our *Press and Radio* group was equally active and obtained splendid



Jack Lindsay Ltd., Vancouver

A Typical Window Display

co-operation. Reporters and photographers from the newspapers visited schools, child health centres, and homes with nurses. Articles and photographs appeared in the magazine sections of these papers on the Saturday preceding Public Health Nursing Week, followed throughout the week by shorter articles and editorials. The local district weekly papers printed announcements, as did some church leaflets on Sunday, April 11. The superintendent of schools co-operated by permitting the printing of material, emphasizing the work of the public health nurse in three of the teachers' bulletins. Announcements also appeared in the Parent-Teachers Association bulletin.

This group was fortunate in obtaining, chiefly through the assistance of the public relations secretary, excellent radio coverage with one or more programs daily throughout the week. These ranged in length from five minutes to half an hour, in addition to numerous spot announcements. The programs consisted of interviews and discussions on nutrition, child guidance, V.O.N. services, industrial nursing, available health services, home accident prevention, etc.

Conclusion

Two things in particular made this whole effort very satisfying to the general committee: First, the unexpected interest and co-operation which we obtained from the public services and the citizens of Vancouver; secondly, the enthusiastic assistance given by the public health nurses themselves in all branches of the field.

On the other hand, we have been made very conscious of difficulties and lacks in our program and methods, and of other needs to be met. The most obvious of these are:

1. The fact that publicity is a specialized field, requiring adequate training and preparation, and that it should be undertaken on a year-round basis.
2. That a program such as ours eventually developed into, actually requires the expenditure of more time than can reasonably be expected of busy individual public health nurses and of organizations.
3. That there exists an understandable confusion in the mind of the public as to the need for such a variety of observances as Health Week, Hospital Week, Public Health Nursing Week, etc.
4. In spite of the splendid co-operation we received, many public health nurses have the feeling that they really should not have to blow their own trumpet!

As a result of these experiences two general conclusions reached by this committee seem reasonable and pertinent:

1. That the services of a health educator are desirable for the provision of adequate public health publicity.
2. That a separate Public Health Nursing Week should not be observed as such hereafter, but should, if possible, be a part of the observance of Health Week, or Nursing Week, on a national scale.

We feel that we have learned much by the trial and error method, but hope that some of our experience may be useful in other centres.

Refrigeration Anesthesia

Experiments have shown that the application of cold to traumatized tissue prolongs its survival. Indications of shock or toxic absorption are slight or absent. In refrigeration anesthesia the temperature of the limb is lowered to slightly above freezing point by means of applications of chipped ice or ice water, or by means of a thermostatically-controlled electric refrigeration cabinet, thus preserving the tissues by halting cellular metabolism. Because the tissue cells are at rest and inactive, they are unresponsive to stimuli, and complete anesthesia is produced. It should be noted that the tissues are chilled, not frozen. The application of a tourniquet is essential to prevent the flow of warm blood into the extremity, but unnecessary tension must be avoided. The hazards of histotoxicosis, as a result of using a tourniquet on traumatized tissue, are obviated by the reduced temperature, for the asphyxiated cells are incapable of throwing off waste products.

INSTITUTIONAL NURSING

Contributed by the Committee on Institutional Nursing of the Canadian Nurses' Association

We Look at Nursing Service

SISTER CATHERINE GERARD

"A hospital is a sanctuary consecrated to the healing of the sick, and dedicated to the training of men and women in the art of medicine. Its staff should have a keen sympathy and a genuine love for the work, and for the human souls who occupy the sick beds." The "staff" includes all the hospital personnel, whether directly concerned with the professional care of the patient, or indirectly, with his general welfare, such as those in the departments of business and accounting, housekeeping, laundry, and maintenance. We shall limit our discussion to the part played by the nursing service department and consider it under two main divisions: the organization of the nursing service and the factors which conduce to the effectiveness of the nursing service.

In order that each department may operate with the maximum of efficiency and maintain a consistently satisfactory standard of work, proper lines of authority must be established. The type of organization may differ in various hospitals but the underlying principles remain the same, namely, to centralize authority, to fix responsibility, and to define duties and interrelationships. In *military* organizations, all major decisions or directions are made at the top and handed down to subordinates who break up the orders and execute them. In *functional* organization, each person is responsible to several heads, each of whom has something to control in his work — for example, clinical supervisors or head nurses. *Line* or *staff* organization preserves full centralized administrative control and offers the services of experts in an advisory capacity. To illustrate, the superintendent of nurses acts in an advisory capacity to the administration and together they formulate policies which are handed down the line to those who will carry them out. This is the type most commonly used in hospital administration.

A brief survey of the internal organization within the hospital will indicate upon whom and what departments the main responsibility devolves for nursing service. At the top is the board of governors, responsible for seeing that the hospital functions are carried out economically and skilfully. Next is the chief executive or administrator responsible to the governing body for the maintenance of the institution as a whole and for the general welfare of the patients. Following on down the line are those directly concerned with the professional care of the patients, such as the medical staff, the superintendent of nurses with her assistants and instructors and, finally, the personnel of

Sister Catherine Gerard is director of nursing at the Halifax Infirmary, N.S.

the dietary, admitting, and recording departments.

Upon the superintendent of nurses falls the bulk of responsibility for she is the link between the medical and other allied health services. Hers is the dual obligation of providing adequate nursing care for the patients, and suitable education for the student nurses where the hospital conducts a school of nursing. In no other period in the history of nursing have the cares of the superintendent of nurses loomed to such proportions because of the social, political, and economic factors which are bringing such pressure to bear on our hospitals and personnel. It follows, therefore, that a thorough understanding of these situations and ability to cope with them are essential in order to elicit the maximum of service with a minimum of expense and a minimum of energy waste.

The newer emphasis on the education of the student nurse has shortened the number of hours she is actually engaged in bedside nursing daily and, therefore, makes it necessary to engage more graduate nurses to fulfil those duties which *cannot* and *should not* be delegated to the nurses' aide. Then, during the hours that the student is on duty, she must be more closely observed and directed so that the correlation of classroom instruction with ward teaching may be made practical. The fact that many of our students come directly from high school to hospital ward, and do not possess maturity of judgment with regard to the care of the sick, compels the superintendent to be moderately circumspect in her selection of head nurses and clinical supervisors. Again, the limited number qualified for either of these positions has tended to bring into the field of nursing education many who lack, in part at least, the personal and professional qualifications accepted as ideal. Moreover, numerous inventions and scientific discoveries, the products of recent wartime research, demand special training and the need to constantly modify one-time iron-clad nursing procedures. These more scientific procedures should be left to the nurse while other nursing tasks, such as baths, temperatures, carrying trays, etc., are gradually being handed over to auxiliary workers. The hospital management and the nursing profession must be flexible enough to adjust to current trends, while still maintaining a high standard of efficiency. We cannot carry on a good nursing service without suitable personnel, although the seemingly impossible has been done in the late crises of shortages in institutional, public health, industrial, and other nursing fields.

The *quality* and *quantity* of nursing service have decreased because of the demand for nurses in government services and in those hospital departments which formerly did not require nurses — for example, the x-ray department and laboratories. Meanwhile, the *demand* for nursing has in no way diminished. On the contrary, it has increased a hundredfold. Group hospitalization plans are bringing more patients to our hospitals and the layman, educated to an awareness of the facilities available for meeting his needs in the hospital, is insisting on receiving the nursing service he requires. We, who have done so much in the past to make our public hospital-minded at the time of sickness, must now bend our backs to meet the burdens of overcrowding and help-shortage.

An economic factor which may not be overlooked when evaluating a nursing service is the reiterated cry of staff duty nurses for shorter hours and higher wages. This is the logical sequel to the trend for nursing education and the time and money invested therein. No one denies the fact that workers in clerical and even domestic occupations receive a proportionately higher salary than the nurse considering the length of time spent in preparation, and the hours which constitute her day. My purpose in mentioning this is not to suggest a remedy, but merely to point out that such a situation does exist and does influence the number of graduates who will not work as staff

nurses. From the hospital administrator's point of view the decrease in the *quality* of service is a genuine problem, since approximately 21 per cent of each hospital dollar goes into nursing service and nursing education.

Now we turn to a consideration of the factors which conduce to the *effectiveness* of the nursing service. Almost without our being aware of it, our attention comes to be centred on the ward unit, for it is on the ward that all the resources of the hospital are brought to a focus. Unless there is whole-hearted co-operation with all other departments, the nursing service cannot function as it ought. In his book "Hospital Organization and Management" Dr. MacEachern[4] makes this statement:

> The nursing service, constituting as it does approximately half the total personnel of the hospital, contacts all other departments, and while its duty is primarily the care of patients it must co-operate with other departments if a smoothly working, harmonious, and efficient organization of the whole is to be built up and maintained.

If this co-operation is lacking in some of our hospitals, we may seek for the cause in one of two things: Either the policies and regulations relative to each department have not been clearly defined and put down in writing, or if they have been defined they have not been sufficiently explained to those who must carry them out. With personnel changes occurring with such rapidity, we cannot afford to let well-ordered departments fall down in the scale of efficiency by allowing new heads of these departments to make changes to suit their private notions.

On the ward it is the head nurse, working under the direction of the superintendent of nurses, who makes the contacts with the other departments and her efforts to uphold and carry out their regulations will promote better service. It may be well here to clarify the term "head nurse." The "Manual of the Essentials of a Good Nursing Service" defines the head nurse as one who is responsible for the direct management and supervision of a single unit. The supervisor is defined as one who is responsible for developing and supervising one of the nursing services, such as medicine, surgery, obstetrics, or one who assists in supervising the department during the night. In some of our smaller hospitals, or those of non-segregated services, we do not use the term "head nurse" but we give the title of supervisor to the one in charge of the single unit.

Whatever her title, it is *she* who establishes proper working relationships with other departments. She assists the business department by seeing that charges to patients are promptly reported, and by notifying the office when a patient is about to leave the hospital so that the necessary adjustments in the bill and arrangements for collection may be made in due time. She aids the admitting department by giving accurate information as to empty beds, so that the admitting staff may be able to judge how soon the beds will be available. The advantage of this is obvious. In the accessory diagnostic and therapeutic departments, such as the operating-room and x-ray department, the head nurse makes the work much lighter by having the patients properly prepared and in readiness at the appointed time.

In like manner, effective dietary service is dependent upon the fullest co-operation of the nursing service and, in particular, of the head nurse. Whatever the type of dietary service in the hospital, prompt and complete requisitions, based upon her knowledge of her patient's needs, are of prime importance if these needs are to be served. In hospitals, where indirect service is the system, too much stress cannot be laid upon the need for supervision by the head nurse of all meals sent from the floor servery. Not less important to the patients' well-being is the responsibility of the head nurse to arrange that they be in readiness for meals at the hour when trays are to be served.

Another department requiring the co-operation of the nursing service

is the record room.[6] It may sometimes be a temptation to think that a patient's records, demanded to be kept during his hospitalization, are too detailed. Detailed records, however, may not be looked upon lightly, but must be prepared and examined in accordance with the standardization requirements of the American College of Surgeons, as well as in the light of their diagnostic, clinical, and legal possibilities. It is not properly the task of the record librarian to seek information to complete the charts which come to her office and this expenditure of her time is not justified.

There are diverse ways in which the nursing service can co-operate with other departments. The few mentioned may serve to emphasize the vital importance of such co-operation.

The ward is a busy place and the duties to be done there, and the difficulties to be met with in doing them, are legion. However, the activities of the ward may often be accomplished more thoroughly and expediently than they are being done. The reason for this may be that there is unnecessary overlapping and duplication of effort. The only effective way to meet this situation is to undertake a job analysis of the duty of each individual on the staff and outline the services for which each one is responsible. Another and underlying cause may be found in the physical characteristics of the unit itself. A tremendous amount of time and energy may be wasted by haphazard selections for supply rooms and nursing service suffers as a result. In an attempt to relieve this, many hospitals have set up central supply rooms.[9] The advantages to be derived from centralizing supplies are not merely theoretical; neither are they localized to any particular section. With individual adaptations this system has been beneficial to all who have experimented with it.

The usual method of obtaining supplies from central service is through the medium of requisitions. Mrs. Wayland[8] states the the head nurse has at least four responsibilities with respect to requisitions: To apply only for what is needed; to write legibly; to dispatch requisitions so that they will reach their destination on time; and to check on supplies upon delivery. At first sight, it might seem that these four responsibilities have reference only to central supply requisitions. But a little thought will indicate that they apply to requisitions from every department — even such special services as inductotherm and ultra-violet ray, for example.

The effect upon nursing service of telephone facilities and control is an ever-present problem. Shall it be the duty of floor nurses to answer telephones? Shall inquiries concerning patients' conditions be directed to the floors? Shall private patients be permitted unrestricted use of the telephone? And so on. Solutions of some of these problems have been arrived at through the use of floor secretaries who attend to telephone calls, through directing many types of messages to an information bureau rather than to the floors; through the installation of the radio-phone for contacting individuals directly; in some instances, the services of qualified volunteers and nurses' aides have, to some extent, relieved this difficult situation.

Somewhat allied to this telephone problem in its effect upon the nursing service is that of the radio. Certainly the psychological factor of the patients' contentment cannot be ignored as a healing and curative factor; hence the radio problem is one which, in certain circumstances, can interfere with the progress of recovery. The ordinary means which suggests itself for such control is that of reasonable regulations concerning the hours, the volume, and the number of patients in the room. These regulations, it is assumed, will be not only made but enforced. Recently, the use of the central radio with ear-phones appears to have made progress in preventing the "nuisance" element of the radio.

The chief objective of nursing service is to give the best possible nursing care to the patients. Hence, it becomes the task of the nursing de-

partment to eliminate or control whatever interferes with the progress of the patient. Radio control has just been mentioned. Another source of trouble to good nursing service is that of patients' visitors. Dr. MacEachern classifies visitors as: "the near and dear relatives" (in which category he also considers the clergymen who minister to the patients) and the "casual visitor."[4] While every possible consideration should be shown the former, some element of control is essential in the case of the latter. The patient who is allowed a constant stream of visitors all day, or an overcrowded room during visiting hours cannot reasonably be expected to derive the full benefit from his stay in the hospital. Not only does he himself suffer, but often the noisy talk and laughter coming from his room may be a source of annoyance and even of positive harm to other patients.

Such is the problem. It is evident that during the acute stage of a patient's illness, only the near and dear relatives and clergymen should be permitted in the sick room. With tact and courtesy others must be excluded. The period of convalescence is different. Then regulated visits may well be permitted. The difficulty is concerned with making regulations which are reasonable for patient, visitor, and nursing staff. In considering this difficulty, three aspects of the problem present themselves as important:

1. A reasonable uniformity in casual-visitor regulations in hospitals in a given area or location. This would do much to influence favorably the mental attitude and understanding of the public.

2. The tactful and intelligent explanation to the patient of his own need for curtailment of visitors. This is important since it is his liberty that is being curtailed.

3. Tactful and courteous publicity through co-operative press relations. Much of the inconvenience and harm resulting from visiting is the result of *well-intentioned* though *unwisely expressed* interest. Newspapers, through well-designed articles published from time to time, would help the public to understand that when their visits are discouraged by hospital authorities it is in order to hasten the patient's recovery.

The casual visitor is surely one of the common problems of hospitals, toward the solution of which our united efforts may well be directed.

Among other factors which contribute to the effectiveness of the nursing service, I will briefly mention three which I consider to be of great importance. The first is *rotation of students*. This duty is the responsibility of the superintendent of nurses and does much to make her office one of the least enviable of all hospital positions. While it is true that the students render valuable service on the floors, the superintendent must keep in mind that she is obligated to furnish the student with a well-rounded experience in all departments. Therefore, the education of the student may not be sacrificed to keeping the floors staffed. As far as it is possible, the student's clinical experience should be correlated with her classroom instruction, so that she may render safe, efficient, and intelligent nursing care This may be achieved by a *ward teaching* program under the direction of qualified clinical instructors, who plan their programs in co-ordination with head nurses and classroom teachers.

A second factor is the *method of assignment* used on the wards. The *functional* method appoints one nurse for temperatures, one for medicines, etc., while the *case* method assigns four or five patients to one nurse who is responsible for the total nursing care. The latter method is preferred by many for the reasons that the nurse can know her patients better and can plan her work according to the treatments to be given them. Indirectly, it is helping the student to develop her own judgment and administrative ability.

The third factor is that of *qualities of leadership* in head nurses. This cannot be too carefully considered in view of the ever-growing emphasis being placed on the individual. The personality of those with whom we work

must be taken into account more today than in the past. It is the privilege and duty of the head nurse to guide, stimulate, and encourage the young people over whom she is placed. A study of the temperament and character of each student under her direction will enable the head nurse to learn where her strengths and weaknesses lie, and so to point out to the student how she may make the best use of her natural qualities. In such an atmosphere of understanding and sympathy, the student will be able to make her best contribution to the nursing service. To quote John Buchan, "The task of leadership is not to put greatness into humanity, but to elicit it, for the greatness is already there."

Finally, when all has been said, whatever our efforts toward developing an effective organization and an efficient operation, it still remains true that both of these are dependent upon the generous co-operation of each individual in the organization, however great or humble his or her position may be. This thought is admirably summed up in a verse which appeared in one of our hospital journals a few years ago:

The works of life's time-piece are fashioned with skill,
Each part, a position of trust;
The tooth on the cog, or the pin in the wheel
Is God-planned to fit — and it must.
If you can't be a sunbeam effulgently grand
Illuminating the world's noblest deeds,
You can lift up a candle, with love-trembling hands —
That's the candle that somebody heeds.
The low-beaded task is royal-breasted, you know,
(Not by worth or measure of gain),
For a king, down in Galilee, long, long ago
Used a carpenter's chisel and plane.

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China Wants Nursing Journals

What do you do with your copies of *The Canadian Journal* after you have finished reading them? If you keep them on hand for future reference, this special message is not meant for you. But, if you are one of many of our readers who tell us they have no storage space in which to accumulate back issues, may we suggest a very worthwhile use you may make of them.

Mrs. Bernice Chu Chen, who is director of public health nursing in Shanghai, would be very grateful if any nurses who have *Journals* of the past several years and who would like to dispose to them would mail them to China. Current issues can be forwarded regularly. Shanghai has twenty-one health centres and eight municipal hospitals. At each place there are nurses and doctors who read and understand English. It is for these colleagues of ours we are appealing. Drop us a note telling us you are sending along your copies so that we can determine if it is necessary to repeat this request. The address is:

Mrs. Bernice Chu Chen,
Director of Public Health Nursing,
Bureau of Health, Room 203,
223 Hankow Road,
Shanghai, China.

Nursing Profiles

AT THE BEGINNING of each new biennial period in C.N.A. affairs it is customary to present the various officers and committee chairmen who are to form the governing body of our association—the Executive Committee. The following thumbnail sketches and photographs will help to acquaint the nurses of Canada with the persons to whom they have entrusted the destinies of our national association activities for the next two years.

Our president, **Ethel Cryderman,** made her bow in our August issue. All three of her vice-presidents have had considerable experience on the C.N.A. Executive Committee and will be a strong support to her.

Evelyn Mallory is first vice-president. Born in Barrie, Ont., graduated from the Winnipeg General Hospital in 1925, Miss Mallory holds her B.S. degree from Columbia University. Many years as instructor in schools of nursing, superintendent of nurses at Children's Hospital, Winnipeg, and executive secretary of the Registered Nurses' Association of British Columbia preceded her present post as associate professor in charge of the Department of Nursing and Health, University of British Columbia. Miss Mallory has been president of the R.N.A.B.C. since 1945. She served as honorary secretary of the C.N.A. 1944-46, second vice-president 1946-48. A thoroughly competent and progressive leader.

Marion Myers is second vice-president. Born in Guysboro, N.S., graduated from the Montreal General Hospital in 1926, Miss Myers obtained her certificate in administration in schools of nursing from the School for Graduate Nurses, McGill University. Two years as a medical supervisor were followed by a long experience as instructor of nurses in Moose Jaw, Regina and, since 1932, at the Saint John General Hospital, N.B. Miss Myers resigned from this position this past summer to become superintendent of nurses at the Saint John Tuberculosis Hospital. She has been president of the N.B.A.R.N. for the past four years and was appointed third vice-president of the C.N.A. when the new office was created with the incorporation of the association. An astute, conscientious, and hard-working leader.

Lyle Creelman is third vice-president. Born in the Maritimes, graduated from the Vancouver General Hospital in 1935, Miss Creelman holds her B.A.Sc. degree from the University of British Columbia and her M.A. from Columbia University. Public health nursing is her chosen field of activity. She was director of nursing service with the Metropolitan Health Committee, Vancouver, when she joined UNRRA with which she served as chief nurse in the British zone in Germany. Miss Creelman was chairman of the national Public Health Section for two years and is a past president of the R.N.A.B.C.

Marlow, Vancouver

EVELYN MALLORY

Climo, Saint John

MARION MYERS

Macko, Toronto

LYLE CREELMAN

A clear-thinking, far-sighted, and active leader.

Elinor Palliser assumes the chairmanship of the Institutional Nursing Committee with a broad background of experience in many aspects of hospital work. Born in Lachute, Que., graduated from the Johns Hopkins Hospital, Baltimore, Md., in 1921, Miss Palliser holds certificates in teaching and supervision (1928) and in administration of hospitals and schools of nursing (1942) from the School for Graduate Nurses, McGill University. She worked as instructor at Wellesley Hospital, Toronto, for eight years, as assistant superintendent of nurses at Guelph General Hospital, Ont., for nearly five years and has been principal of the school of nursing of the Vancouver General Hospital since 1943. She has been a member of the Council of the R.N.A.B.C. for some time. Miss Palliser is keenly interested in helping hospitals and institutional nurses to meet the challenge of maintaining service and standards in the face of present-day shortages.

Barbara Key is the only one of the "special interest groups" chairmen who has served on the Executive Committee previously. An Ontarioan by birth, graduate of the Hamilton General Hospital, Miss Key has engaged in private duty nursing since graduation. She is conversant, therefore, with the problems and difficulties which confront this group. Her primary interest lies in the development of community nursing registries.

ELINOR PALLISER

Trenna Hunter has experience as provincial public health nursing chairman as a background for her new activity as chairman in the national sphere. Born in Brandon, Man., graduated from the Vancouver General Hospital in 1939, Miss Hunter holds her B.A.Sc. degree from the University of British Columbia. Going from staff nurse to supervisor, she is presently the director of nursing service with the Metropolitan Health Committee, Vancouver.

BARBARA KEY

Alfred Knight

TRENNA HUNTER

This year, for the first time, members of the religious sisterhoods were elected to represent the five regions, as provided in our new Constitution and By-laws. Two of them are new to C.N.A. Executive Committee activities, while the other three have served previously in one capacity or another. **Sister Denise Lefebvre, S.G.M.,** representing the Quebec region, was honorary secretary in the last biennium. Of French-Canadian birth, she graduated from St. Boniface Hospital, Man., and holds her B.A. from the University of Montreal, B.Sc. from St. Louis University, Mo., M.Sc. from the Catholic University of America, Washington, D.C. Sister Lefebvre

SISTER DENISE LEFEBVRE

SISTER MARY BEATRICE

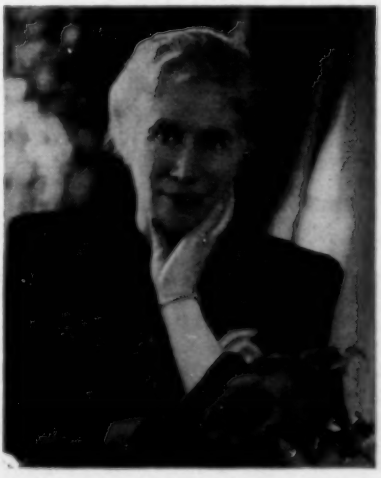
is the director of Nursing Education of the Institut Marguerite d'Youville, Montreal. **Sister Irene, S.H.F.,** has represented the prairie sisterhoods on the Executive during the past biennium. A graduate of St. Joseph's Hospital, Saint John, and of the course in teaching and supervision given at the School of Nursing, University of Toronto, Sister Irene has had considerable experience as a teacher and is director of nursing of the Holy Family Hospital, Prince Albert, Sask. **Sister Mary Beatrice, S.S.M.,** represented the R.N.A.N.S. on the Executive previously and now is the member for the Maritimes region. Sister M. Beatrice was born in Scotland, graduated from St. Michael's Hospital, Toronto, in 1930 and holds her B.A. from St. Francis Xavier University, Antigonish. She is superintendent of nurses at St. Joseph's

SISTER MARY CLAIRE

Hospital, Glace Bay, N.S. **Sister Mary St. Albert, S.S.J.,** comes into the Executive Committee representing the sisterhoods in Ontario. Born in Toronto and a graduate of St. Michael's Hospital in 1924, Sister M. St. Albert received her diploma in teaching and administration from the School of Nursing, University of Toronto. She is presently head nurse on the surgical floor at St. Michael's. **Sister Mary Claire, S.S.A.,** is the new representative from British Columbia. Born in New Bedford, Mass., Sister M. Claire graduated from St. Joseph's Hospital, Victoria, B.C., in 1925. She received both her B.S. and M.A. degrees in Seattle Wash., and holds many other certificates for special study. She is senior instructor and educational director at her home school of nursing and has long been active in nursing association activities in B.C.

These, then, are the elected officers and members of the Executive Committee. In addition, the C.N.A. Executive which is responsible for appointing all national committees, names the chairmen of the three major committees, who thereupon take up their membership on the Executive. The three so represented are according to the constitution: Educational Policy; Constitution, By-laws and Legislation; Labor Relations. **Agnes Macleod, R.R.C.,** has accepted re-appointment as chairman of the Educational Policy Committee. Miss Macleod has demonstrated her versatility and exceedingly valuable understanding of nursing education problems in the masterly way she chaired this committee during the past biennium. She was born in Parkhill, Ont., graduated from the University of Alberta Hospital in 1927 and holds her B.A. and B.Sc. from the University of Alberta, her M.A. from Columbia University. Her background of experience is broad, embracing instructorships in several hospitals. She was director of the School of Nursing at the University of Alberta at the time she joined the R.C.A.M.C. On her return from overseas she was appointed matron-in-chief of the Treatment Branch, Department of Veterans Affairs. **Nettie Fidler** has been on the Executive previously in her capacity as president of the R.N.A.O. She will now assume the responsibilities of chairing the Committee on Legislation. Born in Montreal, graduated from the Toronto General Hospital in 1919, Miss Fidler holds her B.A. from the University of Toronto. She has held executive positions in several hospitals and on the faculty of the School of Nursing of the University of Toronto. She is presently director of the Metropolitan School of Nursing, Windsor, Ont. Miss Fidler is co-author of "Law and the Practice of Nursing," and is well versed in the intricacies of the field her new chairmanship covers. **Ina Broadfoot** is a newcomer to the Executive as chairman of the Committee on Labor Relations. She has gained a sound working knowledge of this work through her convener-

AGNES MACLEOD



NETTIE D. FIDLER

ship of the Manitoba committee. A native of Manitoba, Miss Broadfoot received her B.A. from the University of Manitoba. She graduated from the Henry Ford Hospital, Detroit, Mich., in 1929. Her activity as a public health nurse with the Manitoba Department of Health and at the St. Boniface Health Unit prefaced her appointment as director of nursing with the Manitoba Division of the Canadian Red Cross Society.

In Memoriam

Miranda Lewis Brown, a graduate of the Montreal General Hospital, and for twenty-four years superintendent of nurses at the Lachine General Hospital, Que., died in Montreal on August 19, 1948, following a long illness. Miss Brown served with the C.A.M.C. during World War I and continued on transport duties after the close of hostilities. During her last illness, the Canadian Red Cross visited her and presented her with a Red Cross medal for her services.

Anna M. Connor, who graduated from St. Michael's Hospital, Toronto, in 1905, died there on May 28, 1948. All through the years she had been very active in nursing. Five years of private nursing were followed by several years as assistant registrar at the Central Registry. In 1917, she joined the staff of the Toronto Department of Public Health and remained with that organization until her retirement in 1945 at which time she was supervisor of the East End Branch. Miss Connor was greatly beloved by all who knew her. Her kind and gracious manner made her a favorite and she will long be remembered by her associates.

Eva Beatrice (Heslop) Cooper, who graduated from the Toronto General Hospital in 1909, died suddenly on July 25, 1948. Mrs. Cooper had practised nursing in Toronto for some years prior to her marriage in 1924. She had been actively associated with the Victorian Order of Nurses in Willowdale, Ont.

Ethel (Wardrope) Little, who was superintendent of the R.M. and G. Hospital, Port Arthur, Ont., died recently at the age of sixty.

Rose Scollon, who graduated from St. Michael's Hospital, Toronto, in 1924, died on May 9, 1948, after a lengthy illness. Following graduation she had nursed in New York for a time, later joining the staff of the St. Elizabeth Visiting Nurses' Association, Toronto, where she successfully carried out her duties for thirteen years. She was on the staff of St. Michael's for a short time, then did private nursing until ill-health forced her retirement.

Child Obedience

How can I teach my child to do what he is told? Doctors say this is the question most frequently asked by parents about the training of a child. The answer is not simple and, if it is to be effective, must be followed day in and day out with persistence and patience.

First, the child must be expected to obey. As few demands as possible should be made on him. The parents should always see that the child does as he is told but should follow the same general rules from day to day to avoid confusing the child. Parents must also learn to keep their temper, to avoid bribery and coaxing, and to teach the habit of co-operation.

Pollen Problems

Hay fever has long been responsible for a great deal of unnecessary suffering on the part of Canadians. This is partly because of the mistaken notions regarding the cause of this physical condition and partly because the majority of people do not realize that the ailment can be cured. Contrary to general opinion, flowering plants such as the rose, dandelions, and golden-rod cannot be blamed for much of the hay fever. The large majority of cases are caused by pollen from wind-borne pollinated plants which include certain grasses and weeds, such as ragweed. Other causes include foods, powders, animal dandruff, and feathers.

STUDENT NURSES PAGE

The Students' Own Workshop

BARBARA ANN SMITH

THE TRAIN was pulling out of the station and for the first time in weeks we had a minute to sit down and think about where we were going. We had been selected several months before to go to the C.N.A. convention to represent the students of our hospital and we could hardly believe that the day had finally arrived. What was in store for us we could not imagine, except that we had to make a speech to the school upon our return, which thought continued to haunt us throughout our entire trip.

Our reception could not have been warmer had we been royalty. We, who were only students, were made to feel completely at home among our seniors. Soon, we were being notified of a banquet to be given in our honor and of a workshop for students only. Needless to say, we were elated. The banquet was held Monday night. It was an informal and, therefore, a very friendly affair. We introduced ourselves stating the whereabouts of our individual hospitals as well as of our home towns. We made friends quickly and easily and were continually seeking each other out to talk over our different hospital systems. After each chat, we considered ourselves better off than our fellows and, therefore, acquired a much greater appreciation of our own schools which, in itself, was a red feather for the convention. We returned home-bound and determined never to complain again.

Miss Smith is a student nurse at the Royal Victoria Hospital, Montreal.

Others will have mentioned the various social events to which we were invited and in which we all took part with great enthusiasm. I shall go on to the highlight of our sojourn in Sackville: Our own special workshop entitled "Growing Into our Professional Responsibilities," presided over by Miss Margaret Kerr, with Miss Frances Waugh assisting.

It seems that nothing in particular had previously been done for the students at these conventions. They were very cordially invited to attend, were welcomed upon their arrival, and then immediately were supposed to take their places beside the graduates where they might be seen but very seldom heard. All that was changed this year. We had our own white identification badges, with "student" printed across then, and we wore them with pride. Until only a few before the opening of the convention, it had been planned that we were to attend the workshops with the graduates where, no doubt, we would have been too shy and reticent to express a valuable opinion. Miss Kerr was far-sighted enough to see this and volunteered, with the approval of the Executive Committee, to form a workshop to which the student nurses were invited exclusively. Most of us were quick to enrol, not knowing at the time just how wise we were nor how fortunate.

For three days, from nine to twelve every morning, we were enthralled. Our meetings were held in a small classroom in the basement of the Museum and the enrolment was forty-

three, representing thirty different schools of nursing and all provinces but Alberta. The most outstanding feature of the meetings, to my mind, was that in scanning the faces of my contemporaries from time to time, as we either listened to Miss Kerr or discussed questions with her, there was never a stifled yawn, never a drooping head, never a bored expression: we were interested, enthusiastic and, above all, attentive. Nor did we just sit back and let someone else do the work; we all took an active part. We were able to say that although we benefited a great deal from the workshop we also gave something to it; we discussed without reticence and stated our opinions with candor.

To start the ball of discussion rolling we were asked why we came into training, which question is put to every new class of probationers who are generally too frightened to answer it frankly, either to the instructor or to themselves. But we were neither frightened nor shy, and it was interesting to hear the variety of reasons. The problem of why girls do not finish training was then discussed at length and it was rather astonishing to note that failure in class-work came high on the list with financial difficulties very much at the bottom.

Every school, we decided, has its classes in professional responsibilities, or whatever title is given to the course, at a different period during the three years, most tending to come toward the close of the final year. "When is the most practical time to have them?" we asked ourselves. We were of the unanimous opinion that during the first year is too soon; the girls are not worrying about what is going to happen in three years' time — they have enough to think about at the present. Likewise, during the third year it is too late. They are more interested in getting their pins and donning their whites. Towards the end of the second year, then, we decided would be the ideal time for those classes to be given. We felt that at that point we know something about nursing and would like to be told more of what is in store for us when we graduate. We must be given a real opportunity to learn about our professional associations and how we, automatically or otherwise, become members, if we are to be interested in taking an active part.

It was appalling how little we knew about the C.N.A., the provincial associations, or even our individual hospital alumnae! Here were great organizations at work for the benefit of the nurses and we were hardly much more than aware that they existed. However, our ignorance was soon replaced by knowledge as we discussed labor relations, personnel policies, associations vs. unions, and the reason why nurses seldom take an active part in their associations following graduation. I am certain that if we had graduated the day after our meeting, the C.N.A. would have had forty-three volunteers for active service!

We were highly honored and delighted when Miss Geister, the representative from the A.N.A., came to speak to us during our second session. I feel that her address made a lasting impression on all of us. How proud we felt to share the same profession with such a marvelous person! How she inspired us with the merits of that profession! To be able to say the four little words "I am a nurse" is, to Miss Geister, the personification of service to mankind. She believes that nursing is worth fighting for; that we must work for it. Doctors cannot practise modern medicine without a nurse, she told us, and we were filled with pride.

Miss Geister spoke to us for an hour and a half and my only regret is that I was unable to take it all down. When she had finished we could picture ourselves in situations some day where the words, "I am a nurse," would be as manna from heaven to someone. We wanted to come home and inspire our friends with the same enthusiasm but soon realized that her words on our lips would not have the same magical effect. Yet, by the same token, if we had faith and enthusiasm enough ourselves we ought to be able to have at least one follower and so spread the spark.

An interesting part of our last morning together was when we discussed the idea of having student associations in every province. The girls from Manitoba gave us a detailed account of how their association worked and we each immediately began to think about how a similar plan could be carried out in our own provinces. We discovered there were many problems which would have to be solved — such as the great distances between the hospitals in Ontario and the language problem in Quebec. However, we were convinced it would work if we ourselves were interested enough and had faith in its success.

It can be seen, then, that we covered a great deal of ground in our discussions and although we may have nothing concrete to show for our having gone to the convention, yet we as individuals have returned to our daily routine with renewed vigor and a much broader outlook on nursing and on life. We have perhaps been able to impart a little of this to our friends at our own schools. I hope so, for we, as their representatives, are responsible to them and would like to feel that we did everything that was expected of us. We are very appreciative both to the C.N.A. for inviting us and to our schools for sending us. We know how fortunate we were in having the opportunity to benefit by such an enlightening experience. I only hope that every school of nursing in Canada will try to send a student representative to the next biennial convention in Vancouver in 1950.

Diamond Jubilee

Sponsored by the American Nurses' Association, the celebration of the diamond jubilee of nursing in the United States will be launched by a dinner of national and international significance at the Hotel Biltmore, New York, on November 16, 1948. Pearl McIver, president of the A.N.A., will be chairman of the dinner which, it is anticipated, over seven hundred will attend.

This event will signalize seventy-five years of nursing progress and will honor the memory of Linda Richards, the first American professional nurse. It will provide, also, a forum and sounding-board for crystallizing public opinion and action on basic problems relating to the current nursing crisis. These include the need for greater economic security for nurses, better legal control, more equitable distribution of nursing service and other points of the A.N.A. program designed to meet present and future health needs of the United States and of the world.

Speakers who are scheduled to contribute to this discussion include: Dr. Frank Porter Graham, president of the University of North Carolina; Ralph Blanshard, National Conference of Social Work; Dr. Arthur W. Allen, president of the American College of Surgeons.

Any Canadian nurses wishing further information regarding this momentous event may write to Ella G. Best, executive secretary, American Nurses' Association, 1790 Broadway, New York 19, N.Y.

Riboflavin Lost in Sunlight

Bottles of milk left standing out in the sun lose much of their riboflavin (vitamin B_2). So reports the Committee on Milk and Dairy Products of the American Public Health Association.

"Seventy-five per cent of riboflavin content may be lost during a 3½-hour exposure to direct sunlight. Sunlight has little effect on thiamine (vitamin B_1) or vitamin A," the report stated.

Notes from National Office

Appraisal of Workshops

Summary of End-of-the-Meeting Suggestion Slips: In order to enable the Program Committee to evaluate the workshops, End-of-the-Meeting Suggestion Slips were provided. Not all workshop leaders used these forms, some preferring to use other methods of evaluation. However, from the forms returned by six workshops we have been able to form some idea of the response of the participants.

It is quite evident that the small group conference was more popular than the lecture type of meeting. A small proportion of the nurses would have preferred forming into interest groups, such as public health, administration, etc., and this was possible where groups were small and wished to divide in this manner. The greater majority, however, seemed to feel that benefit was derived from a mixing of all interest groups and the sharing of all levels of experience.

Many expressed themselves as thinking that participation in the workshop had been a learning experience and seemed to be well pleased with the results. Such comments as the following are encouraging: "I have learned a great deal from this workshop and my only hope is that I will be able to share what I have learned with the rest of the staff. I think that even a short course in tests and measurements for supervisors and head nurses would help them to make a more reliable evaluation of students' performance and the students would derive more profit from their work reports."—"I have received a good deal of help from the workshop and only regret that it has been so short." Almost every "shopper" expressed the wish that the workshop had been of longer duration and that there had been more time for independent study. Some thought that an arrangement by which the workshops might be held prior to or following the meetings might be a better arrangement to prevent divided interest. The following is a typical suggestion: "Workshops before or after the meeting to avoid subordination of one to the other as both are equally important."—"Should be held before or after C.N.A. meetings and be of longer duration."

A criticism that we met occasionally was that the participant had not had any advance information or suggested reading material. We do not know where the slip-up occurred as material, including bibliographies and questionnaires, was sent to all provincial associations with the suggestion that nursing schools and other agencies be circularized and that material be made available to those who were proposing to attend the conference. Information on the workshops also appeared in the March, April, and May issues of *The Canadian Nurse* and members who registered prior to June 1 were mailed individual copies of the bibliography and problem check list for the workshop chosen. Perhaps another time it might be well to ask for suggestions from the provinces as to how best to reach all their members.

Another suggestion that appeared frequently was that workshops be held on the provincial level. Workshops on nursing school problems and on counselling and guidance were also suggested by the participants in this workshop. Typical comments from this group were:

"Well-qualified, inspiring leadership." "Freedom of expression in the

group; groups small enough to make discussion possible, yet large and varied enough to make it worthwhile." "Has made me aware of the need for further knowledge." "A better understanding of counselling which will inspire me to do further study." "Stimulating, provocative, informative, and practical." "Specific help in selecting reference material." "Suggest application of workshop method to staff education program to develop staff participation. Strengths: (1) Bibliographies, questionnaires, and general information in advance. (2) Small discussion groups arranged on interest lines. (3) Printed information with blank pages for notes. (4) Study of actual situations and formulation of principles. (5) Reading material available."

The workshop as a method of teaching seemed to be generally accepted. One "shopper" says: "I think this workshop so important that I would like to see it given as a block, either before or after the meeting." Another, "This workshop has been most interesting and helpful to our everyday work and I hope that workshops will be continued at future conventions. I would have liked more opportunity to make individual breakdown sheets."

There was evidently a felt need for better preparation for the workshop on the part of the participants. Again and again we met the comment that "everyone should take a more active part in the discussion" which would indicate that there is a need for better instruction in the "conference method." The workshop "Newer Methods of Teaching" highlighted this method of teaching and, from the expressed comments on suggestion slips, it might appear that provincial groups would be interested in developing a workshop on the conference method.

The interest expressed in "Bedside Nursing" was highly gratifying. We are so frequently told that nurses have lost interest in the patient but all ranks of nurses endeavored to register in this workshop and we could have filled it twice over. Typical comments: "That everyone should take an active part in the discussion. The discussions of the past few days were very good—it helps to know that the whole country has the same problems. It was very helpful to talk things over in a friendly way and plan for future improvements." "That more student nurses be encouraged to enter such a workshop." "I feel that we have really got together and everyone from the superintendents down to the students have given of their experiences." "I feel that these meetings have been a great help to all the nurses who took part. Their influence will be carried to many schools of nursing and will no doubt help to improve the nurse-patient relationship. Each nurse had something definite to take home with her, something that may be applied to her everyday work and living." "These meetings should continue and be widely spread throughout the Dominion so that all members of the nursing profession might benefit by them." "No nurse would ever stagnate if it were possible to have such meetings frequently." "Possibly this would be a good method to use to teach students in the classroom."

It is evident that in conducting future workshops more thought must be given to make sure that the title conveys a meaning descriptive of the content. Several times we met such phrases as the following: "Did not know what the title meant" or "Title was vague" or "Would like a more clear-cut explanation of what the topic is supposed to include." The length of the sessions came in for some criticism and more activity on the part of the participants was suggested. Some felt there was too much emphasis on certain problems to the exclusion of the others.

One verbal comment we thought was very pertinent. The participant was asked whether she believed that she had really profited by attendance at the workshop. She paused for a moment and then said: "One thing I can say is that it has made me conscious that I have not been doing much thinking. I have been doing but not thinking." If even one person has

awakened to the need for a more thoughtful approach to her nursing, that workshop was worthwhile, but we have objective evidence on these returned forms that the majority of the "shoppers" were stimulated to see nursing as a more challenging service, embracing many phases and requiring many skills.

Thank You from Britain

The chairman of a British benevolent fund for nurses very kindly forwarded a copy of her report to National Office. The report contained such kindly reference to the contributions of food parcels, etc., from the nurses of Canada, we have taken the liberty of quoting the following therefrom:

The generosity with which Canadian nurses have given to their colleagues here has been wonderful. The parcels have arrived in bulk (an accurate description!) and been unpacked, allocated according to known needs, re-packed and posted. They have come from different groups of nurses—the staff of one hospital, for example, or a set of people who served overseas in the 1914-1918 War, or a branch of some nurses' league or association, or even an individual nurse, and from various parts of Canada. But they have all been alike in the generosity of the gifts and the thoughtfulness and kindly wishes which have gone into the purchasing and packing and dispatch. Many of them have had personal notes or cards which could be passed on to the recipients. One collection, which came before Christmas, had masses of fancy paper and string and gay labels enclosed, to do the parcels up when sent out. This added greatly to the pleasure of the presents. Naturally, when sending out parcels, the secretary gave the names of the Canadian senders so that where possible a direct note of thanks could be sent. If the direct letters were couched in anything like the enthusiastic terms of those she received there could be no doubt in Canadian minds as to the appreciation of their gifts.

It is increasingly difficult for anyone living alone or in a household of two (practically all those who have received parcels are in this position) to get any variety in food or, indeed, more than bare sufficiency. The number of food points available just will not purchase any extras—one small tin of meat might take more than the whole month's supply of points for one. Where money, too, is scarce and people are not strong enough or are too old to go shopping every day "in case something has come in" or to stand in long queues the difficulty is increased again. It is small wonder that again and again the recipients of a parcel with tins of meat—or of fruit—or of whole milk—or fats—or tea—or sweets—or cake—have said that the mere sight of their provision cupboard was now just beyond their believing!

As well as such material benefits there has been the heartwarming that evidence of such interest and sympathy, especially from professional colleagues, always brings. In general it is cheering to find that somewhere in the hard world of today, as some have said, such kindness still exists; in particular, it is good to feel that "another nurse in Canada thought of me."

One other value of such gifts should be stressed and that is the power to *share* which they bring. Rations for one don't run to odd cups of tea, but half a pound of tea in a Canadian parcel and a packet of biscuits or some quite pre-war cake mean that immediately the old lady upstairs or the nurse friend along the street is asked in to a celebration!

In addition to parcels sent in this way there are now direct gifts. Several groups in Canada asked for names of nurses to whom they could sent directly and with whom they could get into personal touch. Over forty names have been supplied and the nurses have received not one parcel but several.

This has so far been all about food parcels but it must not be forgotten that in addition the most generous gifts of clothing have been received. Allocation of these is naturally more difficult—especially as it is not possible for recipients to come and see the things and choose! But with the office knowledge of individual nurses and their age and size and preferences it has been possible to fit out many and they, too, are most grateful for the thought and kindness shown by their Canadian colleagues. References to "that lovely warm coat" or similar gifts continue to crop up in letters. Some of the overalls and aprons sent were also most useful to nurses either recovering from illness and starting work again or to others who are just able to eke out their income by occasional "jobs!" The cost in both money and clothing coupons would have otherwise been a real problem.

Notes du Secrétariat de l'A.I.C.

Ce que l'on pense des cercles d'études tenus lors du congrès de l'Association des Infirmières du Canada:

Le Comité du Programme, à la dernière séance des cercles d'étude, distribua des feuilles, demandant à chaque membre de donner son appréciation des cercles d'études. Ces feuilles ne furent pas utilisées par tous les directeurs des cercles; l'évaluation des cercles d'étude fut faite par d'autres moyens. Six cercles d'étude utilisèrent ces feuilles et voici quelques commentaires donnant une idée de ce qu'en pensent les membres.

Il est évident que ces conférences données à de petits groupes prenant part aux discussions furent plus populaires que les discours habituels. Un petit nombre d'infirmières auraient aimé à se subdiviser d'après leur travail — hygiène publique, administration, etc. Certains cercles moins nombreux purent le faire, néanmoins la majorité des infirmières semblent avoir retiré de nombreux avantages du fait que tous les groupes étaient ensemble, les unes pouvant bénéficier de l'expérience des autres.

Plusieurs ont dit qu'elles avaient appris une bonne leçon et semblaient heureuses de leur expérience. Les commentaires textuels suivants vous feront mieux connaître l'opinion des membres:

"J'ai appris bien des choses à ce cercle d'étude et j'espère pouvoir en faire bénéficier mes compagnes. Un cours même, abrégé, sur les épreuves et mensurations psychologiques serait très utile pour les surveillantes et les hospitalières; cela leur aiderait à évaluer avec plus de sûreté le travail des élèves, ces dernières bénéficieraient plus du rapport fait de leur travail."

"Les cercles d'étude m'ont bien aidée; je ne regrette qu'une chose c'est que ce soit si court."

Cette dernière remarque fut générale; l'on aurait aimé avoir plus de temps pour étudier en particulier. Il semble même à quelques-unes que si les cercles d'étude pouvaient avoir lieu avant le congrès, l'intérêt serait moins divisé grâce à un meilleur arrangement. Voici une suggestion dans le même sens: "Pourquoi ne pas tenir les cercles d'étude avant ou après les assemblées, les deux étant d'égale importance et l'un ne doit pas primer sur l'autre." "Les cercles d'études devraient avoir lieu avant ou après le congrès et durer plus longtemps."

Une critique qui a été faite plusieurs fois est celle-ci—que les membres des cercles d'étude n'avaient reçu aucun renseignement à l'avance et aucune suggestion n'avait été faite sur les livres à consulter. Nous ne savons pas où l'oubli a été fait mais des feuilles, questionnaires, bibliographies furent envoyés à toutes les associations provinciales. L'on a suggéré que ces feuilles soient envoyées dans toutes les écoles d'infirmières et autres organisations et qu'elles soient mises à la disposition des infirmières se proposant d'assister au congrès. Les renseignements concernant les cercles d'étude furent aussi publiés dans la *Canadian Nurse* de mars, d'avril, et de mai, et un exemplaire fut envoyé à toutes les infirmières inscrites au congrès avant juin, de même qu'une liste des différents cercles d'étude et des notes bibliographiques.

Une autre fois, il sera peut-être mieux de demander aux associations provinciales de faire des suggestions et de dire comment s'y prendre pour atteindre tous les membres. Une autre suggestion qui fut faite à maintes reprises fut que les cercles d'étude soient tenus sur des questions provinciales. Des cercles d'étude sur les problèmes des écoles d'infirmières de même que sur l'orientation furent suggérés par les participantes de ce cercle d'étude. Voici leurs commentaires: "Le directeur est bien qualifié; il exerce une bonne influence." "Liberté d'opinion exprimée par le groupe; groupe assez restreint pour permettre de discuter et assez nombreux et varié pour rendre cette discussion intéressante." "Je me suis rendue compte qu'il me restait bien des choses à apprendre." "Je comprends mieux la direction et suis encouragée à poursuivre mes études sur ce sujet."

Une autre considère ce cercle d'étude pratique, excitant la curiosité, une source d'émulation et de renseignement. "Les cercles d'étude me semblent une bonne méthode à employer dans l'enseignement aux infirmières diplômées. Les points importants sont: (1) Bibliographies, questionnaires, et renseignements donnés à l'avance; (2) discussion par petits groupes intéressés aux mêmes questions; (3) un cahier contenant d'un côté les renseignements nécessaires et de l'autre une page blanche pour prendre des

notes; (4) étude sur les questions actuelles et établissement d'une politique à suivre; (5) mettre à la disposition des membres la bibliographie conseillée."

Une autre dit: "Les cercles d'étude ont été des plus intéressants et m'ont aidée dans mon travail quotidien; j'espère qu'ils seront toujours inscrits au programme de chaque congrès. J'aurais aimé avoir plus de temps pour analyser le travail accompli au cercle."

La remarque suivante revient très souvent: "Les membres du cercle auraient dû prendre une part plus active à la discussion"— ce qui indique que les participants devraient être mieux renseignés sur la méthode dite: conférence en groupe. Le cercle d'étude sur "Les nouvelles méthodes d'enseignement" semble avoir mis en lumière la valeur de la conférence en groupe comme méthode d'enseignement. D'après les commentaires faits par les membres de ce cercle il semble que certains groupes dans les provinces aimeraient qu'un cercle d'étude soit organisé sur ce sujet.

L'intérêt montré par le groupe participant au cercle d'étude portant sur "Les soins aux malades" a été réconfortant; on nous dit si souvent que les gardes-malades ne s'intéressent pas aux malades. Les infirmières demandèrent en si grand nombre de s'inscrire à ce cercle que l'on aurait pu en doubler le nombre de membres.

"Tout le monde devrait prendre une part active à la discussion. La discussion, ces deux derniers jours, a été excellente; ça fait du bien de constater que les problèmes sont les mêmes dans tout le pays. Ca m'a bien aidé de pouvoir discuter amicalement et de faire des projets pour améliorer certaines situations." "L'on devrait encourager les étudiantes à s'inscrire en plus grand nombre à ce cercle." "Je pense que cette fois toutes se sont mises de la partie et de la directrice à l'élève chacune a fait part de son expérience." "Les réunions ont été de nature à aider toutes celles qui y ont pris part et leur influence se fera sentir dans bien des écoles d'infirmières; il en résultera pour l'infirmière une meilleure compréhension du malade. Chaque infirmière retirera quelque chose d'utile de ces études qui lui aideront dans son travail quotidien et dans sa vie." "Ce genre de réunions devrait se répandre dans tout le pays; les infirmières en bénéficieraient grandement." "Aucune infirmière ne resterait stationnaire si ces réunions étaient plus fréquentes." "Probablement que cette méthode serait excellente avec les élèves."

Il est évident que si à l'avenir l'on organise d'autres cercles d'étude, un titre plus descriptif du sujet devra être employé. Plusieurs fois nous avons lu: "Je ne savais pas ce que le titre voulait dire" ou "le titre était trop vague" ou encore "j'aurais aimé une explication plus claire du sujet à étudier."

L'on demanda à l'un des membres d'un cercle d'étude si elle en avait réellement retiré quelque chose. Après un moment de réflexion elle dit: "Une chose certaine c'est que je me suis rendu compte que je n'avais pas beaucoup réfléchi." Même si ce cercle d'étude n'avait pas d'autre résultat que celui d'avoir inciter cette personne à réfléchir sérieusement sur le nursing cela en aurait valu la peine, mais nous savons que tous les participants ont été encouragés et sont de plus en plus convaincus que le nursing est une science comprenant bien des aspects et demandant de l'habileté dans plus d'un domaine.

Annual Meeting in Alberta

The thirtieth annual meeting of the Alberta Association of Registered Nurses was held in the Macdonald Hotel, Edmonton, April 5-6, 1948. The attendance was the largest since 1942, which is attributed to a more interesting program. The real credit for the program goes to five *young*, enthusiastic nurses from hospitals and public health who not only had all sorts of interesting topics to suggest, but assumed responsibility most willingly and did a top-notch job with the greatest of ease. In addition to reports by the chairman of each Association Committee, the program included papers on a wide variety of topics by well-known authorities. Some of these will be sent in for publication in *The Canadian Nurse*.

The committee reports provoking most discussion were those dealing with Finance, Legislation, and Nurse Practice Act. In her report as chairman of the Finance Committee, Miss Jean Clark referred to the new provincial office; the superannuation plan for asso-

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ciation employees; revision of personnel policies for association employees; investment of part of the association reserve fund in Dominion of Canada Bonds, and the aim of a balanced budget for 1949. Deficit in 1947 was $1,141.02.

Private duty registries presented their difficulties in connection with financing the registries and spoke of the very meagre results secured in the attempts of Edmonton and Calgary registries to obtain financial support from doctors who have used the registries "free of charge" for many years.

After lengthy discussion voting was unanimous to increase the active membership annual fee from $5.00 to $8.00 commencing January 1, 1949, in order that the association balance its budget and give adequate assistance to districts.

Miss Madeline McCulla, chairman, Nurse Practice Act Committee, presented the By-laws for discussion and approval:

By-Law I, Section 4 provides for — Associate (non-practising) membership; fee, $1.00 annually. Associate members are to be given very liberal rights: (a) To hold office and be a member of committees in the provincial and/or district association; (b) to vote at provincial district and chapter meetings; (c) to receive the News Letter of the association.

By-Law I, Section 7 clarifies the "conditions pertaining to associate paid inactive membership." This was deemed necessary as so many members do not seem to realize that there are conditions to which they must adhere.

A resolution that districts pool the expenses of two delegates from each district to the annual meeting in 1949 was approved.

A resolution regarding the functioning of National Committees, replacing the former National Sections, is being sent to the Canadian Nurses' Association.

E. BELL ROGERS, *Registrar*

Annual Meeting in British Columbia

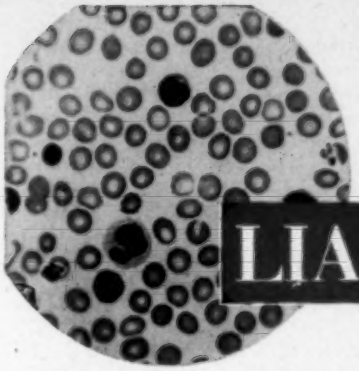
Two hundred and nine nurses, including student nurse delegates, attended the thirty-sixth annual meeting of the Registered Nurses' Association of British Columbia in the Empress Hotel, Victoria, on April 2 and 3, 1948. Miss Evelyn Mallory, president, presided at all sessions. In her address she stressed the privileges and responsibilities of membership in deciding upon policies and recommending action. The second half of her address dealt with certain aspects of nursing education, particularly the need for expansion of schools of nursing facilities.

"Our present schools are not producing a sufficient number of nurses! Over a year ago your executive submitted to the provincial government a brief urging the need and outlining a tentative plan for a central school of nursing that would not replace but would supplement present facilities for the training of nurses. Probably because the implementation of any such plan would involve the expenditure of money nothing has been done about it. Education in any other field costs money and is paid for to a large extent through taxation. How long is nursing education going to continue to be an exception?

"We are all too bound by habit and tradition, too ready to assume that, because hospitals have in the past been responsible for the training of nurses, it is the only right and possible way for them to be trained. As long as this *laissez-faire* attitude persists in the nursing group, the medical group, and in the minds of those operating hospitals, we can expect little change in viewpoint on the part of the general public who look to us for leadership and, therefore, little improvement in conditions. Please note that I have used the phrase 'little improvement in conditions' not the phrase 'little change in conditions.' Change there may be, and for the worse, unless we give that leadership which the public has the right to expect of the profession.

"Government action will result when sufficient pressure is brought to bear by the public and not before, and that pressure will be exerted when the public truly appreciates the situation and is ready to accept nursing education as a public responsibility just as other forms of education. Our immediate responsibility lies in working for the achievement of this understanding."

The next program item was the reports



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from the districts. These reports are always of great interest as each district gives an account not only of its activities but also of those of the chapters within the district. Much community spirit was revealed as was a great amount of philanthropic endeavor. Two chapters (Vancouver and Kamloops-Okanagan) granted scholarships to members.

The registrar's report summarized the duties and functions of the Board of Examiners and the more or less routine work carried out by the provincial office staff. Statistics revealed an increase over the previous year of 19 in new members (657-668), 266 in total memberships (3,925-4,191), and 68 in the number of students in schools of nursing (1,026-1,094). A substantial portion of this report dealt with registration problems created by differences in standards of nursing education in the many countries from which nurses are coming to British Columbia in ever-increasing numbers.

The convener of the Placement Service Committee reported a joint meeting with the Committee on Private Duty Nursing at which the following statement was endorsed "Nurses who feel that practical nurses will replace registered nurses in the private duty field have the means of control in their own hands. By presenting her registration card as an introduction to the patient, family, doctor, and/or supervisor, she will be sure that she is known to them as a registered nurse. Then, by giving the patient truly professional care and by scrupulous attention to maintaining professional appearance and conduct, the public will soon learn the difference between professional nursing care and the limited nursing service that the practical nurse is able to render."

Miss Braund reported that the average number of listed vacancies was 386.66 in 1947; that the increase in private duty calls received by the Vancouver directory in five years was 93.5 per cent; in four years in Victoria, 36.07 per cent. Returns from a questionnaire sent to private duty nurses in February indicated that 59 per cent of those replying were in favor of increasing the 8-hour fee, the majority recommending $8.00. One hundred and sixty-nine private duty nurses agreed that those using the R.N.A.B.C. private duty directories should contribute toward the cost, while sixty-eight disagreed.

The report from the Committee on Student Nurse Activities was followed by a delightful panel presentation on the aims and plans of the Student Nurses' Association of British Columbia given by six student nurses — three from the Royal Jubilee school and three from St. Joseph's.

The entire Friday evening session was devoted to labor relations. Reports were received from the Labor Relations Committee and the Select Committee on Labor Relations. Miss Copeland stated that her committee had concentrated on its long-range plan of "keeping members of the association, nursing organizations, boards, and the public informed on the labor relations program." In reference to the drama she said, "The title 'Yours for the Asking' suggests a cue, not only to the context of the drama, but also to the part that the Registered Nurses' Association is taking in safeguarding the economic security of the nurses and the part that the members themselves should accept."

The drama "Yours for the Asking" was enthusiastically received by a large audience. It depicts a dissatisfied staff before the Select Committee assisted the nurses in obtaining recommended adjustments in salaries and conditions of work and the happy outcome which followed deliberations.

The following motion, submitted by the convener of the Committee on Private Duty Nursing, was adopted: "That the private duty fee schedule be revised on the basis of $8.00 for 8-hour duty."

The last committee report was presented by Miss Ruth Morrison, convener of the Committee on Educational Policy. Included in this report was an outline of the testing program for nurses from other provinces and countries, which will be instituted shortly:

"An applicant for registration, whose undergraduate course was deficient in any of the essential clinical fields, shall be required to supplement her training in a school of nursing in the province.

"An applicant for registration, whose record of instruction indicates lecture hours totalling less than the required minimum for British Columbia schools of Nursing, shall be required to write a comprehensive examination in nursing.

"An applicant for registration, whose standing in general education is less than the standing required in British Columbia at the time of completion of her training, shall be required to take an examination designed to test intellectual ability. For this examination standard tests, such as intelligence, English vocabulary, mathematics, and science,

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could be used and the results evaluated in terms equivalent to high school grades. In some instances an applicant would be asked to meet all three of the additional requirements; others only one or two."

Two social events afforded much pleasure. Members and guests attended the luncheon on Friday at which the St. Joseph's Hospital Glee Club entertained the group with several choral and solo selections. Mrs. T. J. Rolston's address which followed the luncheon will long be remembered by all who heard it.

The welcome finale of two strenuous days of meeting was the tea in St. Joseph's auditorium for which the St. Joseph's and Royal Jubilee Alumnae Associations were joint hostesses.

ALICE L. WRIGHT, *Executive Secretary.*

Annual Meeting in Ontario

On April 22-24, 1948, the Registered Nurses Association of Ontario held their twenty-third annual meeting at the Royal York Hotel, Toronto. The meeting was opened by the president. Miss N. D. Fidler. An address of welcome on behalf of the city of Toronto was given by Controller E. C. Roelefson. The delegates were pleased to welcome Miss Gertrude M. Hall, general secretary, Canadian Nurses' Association, and Miss Margaret E. Kerr, editor and business manager of *The Canadian Nurse.* Miss Hall brought greetings from National Office and also a timely message from Miss Rae Chittick, president of the C.N.A.

Miss Fidler presided at all business sessions. The proceedings of the first day were entirely devoted to the presentation and discussion of the reports dealing with the business and financial affairs of the association. In order that the members might more easily follow the reports as presented and be better prepared to enter into the discussion, they were mimeographed and assembled in folio form for distribution to all who registered. The registration for the full meeting was 451, with an additional number of 238 who paid the admission charge for attendance at one or two sessions. The registration included 53 students from schools of nursing throughout the province.

The business meetings of the Hospital and School of Nursing and Public Health sections were held concurrently on the morning of the second day. The General Nursing Section followed the arrangement of the past two years — that the business meeting be held at 5:00 p.m. in the hope that the attendance might be increased. A general session, under the caption "Hobbies for Nurses" with Miss Jean I. Masten as chairman, followed the business meetings of the two sections. The chairmen of the three sections, who made arrangements for this session when Miss Ruth Home, executive secretary, Canadian Handicraft Guild of Ontario, was the speaker, were also responsible for the hobby exhibit. This exhibit, which showed the varied hobbies among the nurses, created considerable interest.

A panel on "Orthopedics — Medical, Nursing, and Community Aspects" was conducted under the chairmanship of Miss Edna L. Moore. The various topics discussed were: "Timing in Children's Surgery"; "The Teaching of Orthopedic Nursing to Student Nurses"; "Orthopedic Implications for the Nurse in the Community"; "The use of Community Resources." This session was of great interest to nurses with over eight hundred present.

The annual dinner was held on the evening of the second day. The after-dinner address, given by Dr. H. B. VanWyck, was entitled "A Victorian Legacy." The five hundred and thirty-nine persons who were present listened with rapt attention and many enthusiastic comments were expressed.

The association appreciated the support and co-operation of the commercial firms whose exhibits added much to the success of the meeting.

Arrangements are being made to hold the 1949 meeting at the Chateau Laurier in Ottawa.

MATILDA E. FITZGERALD
Secretary-treasurer

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Annual Meeting in Prince Edward Island

The twenty-seventh annual meeting of the Prince Edward Island Registered Nurses Association was held June 8, 1948, with the general meeting at the Cundall Home in the afternoon and a dinner meeting at the Charlottetown Hotel in the evening. There were approximately fifty nurses present.

At the afternoon meeting, reports were heard from the president, Mrs. Lois MacDonald, the secretary and treasurer, sections, standing and special committees.

The two guest speakers at the dinner were Miss Ruby Tinkiss of the Department of National Health and Welfare, who chose as her topic "That They Might Have Life," and Mr. A. W. Matheson, Provincial Minister of Health.

VERNA DARRACH, *Secretary*

Annual Meeting in Quebec

The twenty-eighth annual meeting of the Association of Nurses of the Province of Quebec was held in the Windsor Hotel, Montreal, on May 26-28, 1948, the first day being given over to meetings of the Committee of Management only.

For the first time in our history a registration fee of one dollar was imposed, in which regard 557 members co-operated, which we believe constitutes a record.

Although not directly related to the annual meeting, but worthy of inclusion in this record, annual Memorial and Re-dedication services were held on May 2 by the English members and on May 30 by the French members. The English service was held in

the Church of St. Andrew and St. Paul and attended by 354 staff and student nurses in uniform. The French service was held at the ancient church of Notre Dame de Bonsecours, the attendance being very large.

Folios containing all reports of district association activities, together with those of the association as a whole, were available in large quantities in order that free distribution through the district groups might enable those hundreds of members unable to attend the meeting to read and digest them at leisure. We anticipate a better informed membership as a result of this experiment, which involved considerable financial outlay and very considerable effort on the part of the staff at association headquarters. Two thousand folios were prepared, thirteen hundred of which were shipped to the district associations immediately following the meeting.

Two bilingual business sessions, held in the morning and afternoon of the 27th, constituted the time allowance for purely business matters — which seemed to please everybody.

The sessions in English included: (a) a most interesting and valuable panel discussion on Public Relations, conducted by Miss Margaret Kerr, who was ably supported by eight speakers representing general duty, public health, university and hospital school instructors, general hospital and special hospital nursing directors, and a personnel manager in industry. Miss Kerr entitled the discussion "Deepening the Pool of Public Understanding" and we believe it did.

(b) Dr. W. P. Percival, director of Protestant Education and Deputy Minister of Education on the provincial government, was a welcome speaker at one bilingual session. Dr. Percival is always welcome and most helpful.

(c) On the 28th, the afternoon program included "Financial Security for Nurses" and "Personnel Policies in Nursing" with Mr. Leslie W. Dunstall, manager and secretary, Life Underwriters Association of Canada, and Miss Gertrude M. Hall taking care of the former, and Miss Eugenie M. Stuart, assistant professor, McGill School for Graduate Nurses, the latter. Discussion on both these topics is to be continued through special meetings to be arranged next fall.

Three sessions in French provided the usual generous supply of excellent speakers, including M. A. Désy, M. Fernand de Hearne, M. L. P. Audet, M. Roger Ouimet, C. R., M. le Chanoine L. Morin, P.A.V.G., Dr. H. Sanche, Révde Soeur St Ildephonse, Révde Soeur Denise Lefebvre, and Mme C. Frémont.

A reception and program arranged by the chairman of the two language group chapters of District 11 (Island of Montreal) constituted the finale of a very profitable annual meeting. Misses C. V. Barrett and Annonciade Martineau received and entertained over six hundred guests on this occasion — the hottest evening of the summer (to date). Generous refreshments brought the evening and the annual meeting to a close.

The president, three vice-presidents, and the honorary treasurer were returned to office, with one new vice-president, a new honorary secretary, and several new chairmen of district groups being elected.

The By-laws of the association were amended during the business session, copies of which, together with those of the eleven district associations, are being printed in one booklet and will be ready for distribution among the members before the end of the summer season.

E. Frances Upton, *Secretary-registrar*

Annual Meeting in Saskatchewan

The Bessborough Hotel, Saskatoon, and its attractive setting, was the centre in which the thirty-first annual meeting of the Saskatchewan Registered Nurses' Association was held on May 31 and June 1, 1948.

Nurses gathered from thirty-four centres in the province to attend this meeting and were greatly privileged in having as their special guest Miss Rae Chittick, president of the Canadian Nurses' Association. Miss Chittick spoke on "New Needs in Nursing" and left many challenging thoughts with the meeting.

Other special speakers were: Mr. Keith Armstrong, who gave an able address on "Social Work in Relation to Health," and Miss Isabel Lloyd on "Proportionate Dressing in Moderate Fashion." This brought to

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the meeting an insight on fashions in the offing. Members of the Regina Chapter made *The Canadian Nurse* a very live issue in an original and interesting skit entitled "Time Marches On with *The Canadian Nurse*." Our editor, Miss Kerr, would have enjoyed this opportunity "to see ourselves as others see us." Last but not least, our own student nurses told the story of "Schools of Nursing in Saskatchewan."

The business session dealt with some aspects of conditions of employment for nurses; the forthcoming meeting of the Canadian Nurses' Association and business referred from National Office; amendments to the By-laws of the Saskatchewan Registered Nurses' Association, some of which were necessitated by the amendments made in all professional Acts in Saskatchewan. These changes do not seriously effect the nurses other than to make it possible to elect only nurses to the Council of the association. In the original Act, provision had been made for two representatives of the Saskatchewan Physicians and Surgeons to be elected to the Council.

Reports on activities of the chapters and committees were also considered.

Prior to the meeting on May 30, the instructors from schools in the province met in the morning and with the superintendents of nursing in the afternoon. There was a registration of forty-one. Some very profitable and enlightening discussion took place. A special meeting was held which was attended by Miss Margaret Heeney, hospital inspector, superintendents of nursing in hospitals, and representatives of the S.R.N.A. The special purpose of this meeting was to discuss some of the vital problems in rural hospitals and how these may best be met.

At this meeting the association welcomed the new president, Miss Ethel James, who had taken office in December on the resignation of Mrs. Dorothy Harrison. They also welcomed back to Saskatchewan, Miss Matilda Diederichs, formerly president of the association for a number of years. Miss Diederichs is now superintendent of nursing at Fort Qu'Appelle Indian Hospital.

An important decision was reached regarding a study planned for the coming year on research in nursing procedures. Miss Grace Spice is chairman of the committee which has undertaken this.

Elected to office for 1948-49: were President, Ethel James; first vice-president, Mrs. J. M. Porteous; second vice-president, Rev. Sister Perpetua; councillors, Elizabeth Smith, Gladys McDonald, Mrs. Myrtle Robertson, Sheila Leeper.

KATHLEEN W. ELLIS, *Registrar*

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In the Good Old Days

(*The Canadian Nurse*, October, 1908)

"A movement has been on foot for some time towards the union, through their accredited representatives, of all graduate nurses' associations in Canada. We had the honor of heralding in our July number the beginning of the movement, and now it gives us great pleasure to announce further that steps will be taken towards the formation of such an organization . . . in Ottawa on October 8th and 9th."

"The Government of the Province of Ontario has granted the application of the (Graduate Nurses') Association for incorporation, and thus another step has been gained, on which we heartily congratulate the Association. Its objects, as stated in the charter, are: to advance the educational standard of nursing; the maintenance of the honor and standing of the profession; and to further necessary legislation in the interests of the public, the physician and the nurse."

"A group of nurses in uniform, belonging to the Kensington District Nursing Association, (England), were walking across the park one afternoon lately, when the King drove quickly by, and as he met them raised his hand and saluted them. The nurses had barely time to curtesy before the King was gone. They went home very proud both for themselves and the *profession*."

"Miss McPherson has been appointed school nurse by the Brantford Board of Education at an annual salary of $500."

"Miss Snively, lady superintendent of Toronto General Hospital, spent the month of August on the coast of Maine."

One contributor was very much exercised over a proposal to reduce the training of student nurses from three years back to two years as it had been previously:

"When we consider the reasons good and sufficient for the change from the shorter to the longer course and the good resulting from it, good so apparent to most of us in our struggle to raise the standard, I am free to confess that I cannot understand this back-

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ward step . . . I find myself wondering if managers of schools were not in fault in some cases. For instance, has not the two years' course of instruction been, in not a few schools, made to cover the three years? . . . I know well one school which made this mistake. I know others who gave no lectures the first year. In both cases the pupil nurses felt themselves injured, nor were they backward in saying that hospitals benefited by the lengthened course while nurses did not . . . To me it seems that a two years' course is only proper in special hospitals — that three years is none too long for the young woman in any general hospital training school. But the three years should be years of instruction, and the instruction should cover one year more ground than does a two-year course."

Book Reviews

A Summary of Surgery for Nurses, by Selwyn Taylor, M.A., M. Ch., F.R.C.S. 93 pages. Published by Faber & Faber Ltd., London, Eng. Canadian agents: The Ryerson Press, 299 Queen St. W., Toronto 2B. 1948. Price $1.50.

Reviewed by Sister Perpetua, Director, School of Nursing, St. Elizabeth's Hospital, Humboldt, Sask.

The author states in the preface that this little book is not intended for a textbook or that it presupposes a working knowledge of the subject. It is only meant to be a quick, up-to-date reference which may be used by student nurses for revision just before an examination. Mr. Taylor had a definite purpose in mind, namely, to be of assistance to those students who have a tendency to make a rapid review of interminable notes or heavy textbooks just before entering the examination room. The majority of students become bewildered through such an attempt, whereas a last minute glance at the more common conditions as outlined in this "Summary of Surgery for Nurses" will facilitate good organization of the more detailed knowledge previously acquired.

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EXAMINATION ANNOUNCEMENT

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view of some particular condition, this may be readily found due to the alphabetical arrangement of the book. Each condition is treated under the sub-headings under which surgical conditions are most commonly discussed. The brevity and conciseness with which each sub-heading is constructed should make it easy for the student to get a complete picture of the case almost immediately. Then details previously acquired may be readily added.

Since the volume is a British publication the terminology used may, in some instances, be confusing to Canadian students. Nevertheless, it can be a valuable addition to the library since the major portion of the book is written in plain and easily understandable language.

Introduction to Medical Science, by Gulli L. Muller, M.D. and Dorothy E. Dawes, R.N. 580 pages. Published by W. B. Saunders Co., Philadelphia. Canadian agents: McAinsh & Co. Ltd., 388 Yonge St., Toronto 1. 2nd Ed. 1948. Illustrated. Price $4.50.

Reviewed by Elizabeth K. McCann, Department of Nursing and Health, University of British Columbia.

My chief reaction to this book is satisfaction for a logical, thorough and practical approach to a needed background for the new student. The clear, reasonable explanation of causes of disease, manifestations of disease, methods of diagnosis, including a very desirable section on surgical specimens, how disease is treated, and finally how it is controlled and prevented, makes the nurse feel a very necessary worker in a great health team for the welfare of the patient. It fulfils the authors' stated purpose of providing an "overview" of medical sciences prior to clinical service. More than that, it could see good service as a ward library book, or a senior student's handbook, especially with the helpful bibliography provided at the end of each chapter. It is definitely a teaching text. While the printing is not of the two-column set-up, the form otherwise leaves little to be desired. The chapters have full introductory titles, the sections are well paragraphed, and the paragraphs have generous and effective use of italics. New words and key words are emphasized likewise, and are briefly defined in the accompanying glossary. The illustrations, mostly black and white, are well selected, representing photographs, dia-

grams, charts, and graphs as the need indicates. Each chapter includes a review section of questions for the learner. The table of contents is sub-divided into seven units with chapters sub-headed and page locations given for specific items of chapter content — a most helpful addition to a teaching book.

I was especially impressed with the integration of all related aspects of disease, and the conscious effort of the authors to achieve a nurse's point of view. The inclusion of the historical side and the emphasis on the public health picture are valuable facets frequently hidden in the student's picture of patient care.

The collaboration of Dr. Muller and Miss Dawes has produced a very effective and worthwhile extra tool for the nurse's work.

100 to Dinner, by E. Middleton, B.A., M. Ransom, B.A., and A. Vierin. 342 pages. Published by University of Toronto Press, Toronto 5. 1948. Price $3.50.

This is one of the most practical and useful books we have seen in a long time. Any nurses who are charged with the unfamiliar responsibility of catering for a considerable number of patients in a small hospital or nursing home should get the order off post-haste before this first edition is exhausted. This is not a nutrition manual in the sense of giving instruction in what constitutes a balanced diet, which foods are rich in alkaline ash or vitamins, etc. But all the way through from the recipe for "Apple Sauce Cake" at the beginning to "Boiled Beans" some three hundred pages later, there are explicit recipes, all of which, according to the authors, have been carefully tested for quantities. Albert Vierin is executive chef with Aerocaterers supplying Trans-Canada Air Lines. Elspeth Middleton is director of the Household Science Department, Central Technical School, Toronto, and Muriel Ransom is superintendent of the Great Hall, Hart House, University of Toronto. The authors state that "this recipe manual is planned . . . to provide the simplest and best recipes and directions for food prepared in large quantities, and which would result in the most attractive and nourishing meals."

Fundamentals of Human Reproduction, by Edith L. Potter, M.D. 231 pages. Published by McGraw-Hill Co. of Canada Ltd., 12 Richmond St. E., Toronto 1. 1948. Illustrated. Price $3.85.

This text was written especially for stu-

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dent nurses to give them a sound background of information regarding embryonic and fetal development in all its stages from conception to birth. It forms one of the eminently useful books in the new series on nursing topics for which Lucile Petry is consulting editor. In her foreword, Miss Petry says ". . . you could read this book as a novel. The action covering the most eventful thirty-eight weeks in human existence unfolds with a certainty which lends an air of inevitability to the plot. The exactness with which detail is built upon detail will appeal to your aesthetic sense. The cumulative effect of the happenings makes the climax completely natural."

It is the climax — the birth of the infant — with which nurses are concerned during their obstetrical training. Some of the schools may have specimens of fetus at various stages for demonstration purpose but few have the facilities to give a complete picture of all the stages of embryologic life or to point out the similarity of development in all forms of animals. The lucid illustrations in this text will aid the student to understand the stages of development; the text explains the various levels of growth. The history of human reproduction is prefaced by a background of information regarding reproduction in single-celled life; the role of the chromosomes and genes is defined; the action of the X and Y chromosomes in determining sex is made clear; how multiple births occur, etc.

Part 2 describes the human sex organs and their functions. The menstrual process is clearly outlined and the reasons for the menopause. What occurs following fertilization of the ovum; how the placenta and membranes develop; the specialization of the dividing cells is explained. The day-by-day development of the embryo advances the story — by the thirty-fifth day all parts of the body are present in rudimentary form. Twelve photographs bridge the interval to Part 3 which deals with the "intimate differentiation of all the structures found on the inside and outside of the body." What happens when growth is abnormal and unusual developments occur is recorded. This section makes the most fascinating part of the whole book. We know the facts in a general fashion but this is truly the "inside story."

The lectures in the obstetrical department will take on new meaning for the students when this text is included in required reading. Public health nurses will find it a valuable supplement in preparing talks on this topic.

The Child is Right—A Challenge to Parents and other adults, by James Hemming and Josephine Balls. 176 pages. Published by Longmans, Green & Co., 215 Victoria St., Toronto 1. 1947. Illustrated. Price $1.75.

The author's purpose in this small book is described as a battle against "error and fear and all that springs from them." All adults, not just the parents, need to know how to provide the heritage that children require if our modern neuroses are to be conquered. "Emotional stability and zest for life, without which all else loses its value, are for adults to give to children, or withhold." The authors do not profess to know all the answers but out of their experience they have set up signposts pointing to the roads to "socially creative living."

Believing that behavior problems result in most instances from the parents' failure, numerous case histories are presented as typical of situations which are commonly found. The necessity for parents to try constantly to catch the child's point of view, to realize the limited experience and background of a five-year-old and build carefully upon that is emphasized. There is nothing ponderous, heavily scientific, nor forbidding in the advice the authors offer. Nevertheless, they handle the problems in a sound, firm, and intelligent fashion.

This book will make good reading for every nurse, no matter how complete her background of child psychology may be. She will find examples of the cited behavior problems in the pediatric department in the hospital, in her contacts with children in clinic or in school, in the course of her home visits. She can recommend this book with assurance to parents.

Ontario

The following are staff appointments to and resignations from the Ontario Public Health Nursing Service:

Appointments: *Frances Fish* (Hamilton General Hospital and University of Toronto certificate course and advanced course in administration and supervision), public health nursing supervisor, Bruce County health unit; *Esme Murphy* (St. Michael's Hospital, Toronto, and U. of T. cert. course and adv. course in admin. and superv.), senior public

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health nurse with Stormont, Dundas and Glengarry health unit; *Eleanora Izzo* (St. Joseph's Hospital, Toronto, and U. of T. cert. course) and *Fernande LeFave* (Toronto General Hospital and U. of T. cert. course), Welland and district health unit; *Mary Murdoch* (Saint John General Hospital, N.B. and U. of T. cert. course), Township of East Whitby (new service); *Dorothy Marshall* (H.G.H. and U. of T. cert. course, B.A. degree, and adv. course in admin. and superv. in public health nursing), Hamilton Dept. of Health; *Patricia Wittig* (St. Michael's Hospital, Toronto, and U. of T. cert. course), St. Catharines-Lincoln health unit; *Betty Taylor* (Health visitor cert., Royal College of Nursing, Eng.) and *Minnie Bushfield* (H.G.H. and U. of T. cert. course, formerly with East York-Leaside health unit, Guelph Board of Health; *Mary Henderson* (Royal Columbian Hospital, New Westminster, and University of B.C. cert. course), Leeds and Grenville health unit; *Helen Dottor* (Ontario Hospital, London, and U. of T. cert. course), *Ramona Cathcart* (Victoria Hospital, London, and University of Western Ont. cert. course), and *Mary Crawford* (St. Joseph's Hospital, London, and University of Western Ont.), Windsor Board of Health; *Ruth Austin* (T.G.H. and McGill University cert. course) and *Jennie Tabacki* (H.G.H. and U. of T. cert. course), Northumberland and Durham health unit; *Edith McOuat* (Montreal General Hospital and McGill U. cert. course), Kirkland-Larder Lake health unit; *Mary Marshall Meade* (Health visitor cert., Royal College of Nursing, Eng.), formerly with Kirkland-Larder Lake health unit; *Ellen Holland* (Victoria Hospital, London, and U. of W.O.), formerly with York Township Board of Health, and *Dora Pearce* (V.H., London, and U. of W.O.), Elgin-St. Thomas health unit.

Resignations: *Mary Rust* (T.G.H. and U. of T. cert. course) from Bruce County health unit; *Mabel Jennings* (T.G.H. and U. of T. cert. course) from Markham Township and village.

Victorian Order of Nurses

Victorian Order scholarships have been awarded the following nurses, who will be attending the universities indicated:

UNIVERSITY OF TORONTO: *Joyce Curran* (Ont. Hospital, New Toronto); *Katharine Elson* (Peterborough Civic Hospital); *Helen King* (Hamilton General Hospital); *Therese Lynch* (Montreal General Hospital); *Blanche MacPherson* (Ottawa Civic Hospital); *Mary McCulloch* (Toronto General Hospital); *Margaret Nicholson* (Victoria General Hospital, Halifax); *Hilda Quick* (Soldiers' Memorial Hospital, Orillia); *Irene Stafford* (Halifax Infirmary); *Vida Tanner* (Children's Memorial Hospital, Halifax); *Eileen Woodbyrne* (St. Michael's Hospital, Toronto).

QUEEN'S UNIVERSITY: *Helen Devlin* (Kingston General Hospital); *Rosalind May* (K. G. H.); *Mary Potts* (Royal Victoria Hospital, Montreal).

MCGILL UNIVERSITY: *Dorothea Atkinson* (Montreal General Hospital); *Frances Hall* (St. Mary's Hospital, Montreal); *Joan McCann* (Ottawa Civic Hospital); *Xannie Wolanuk* (Edmonton General Hospital).

UNIVERSITY OF MANITOBA: *Nellie Anderson* (Winnipeg General Hospital).

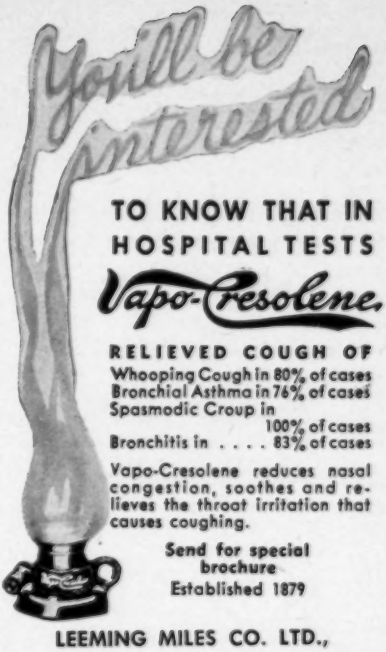
UNIVERSITY OF ALBERTA: *Mary Brebner* (University of Alberta School of Nursing, Edmonton); *Mary Elias* (U. of A. School of Nursing); *Margaret Grigsby* (U. of A. School of Nursing).

UNIVERSITY OF BRITISH COLUMBIA: *Helen Hobbs* (Calgary General Hospital); *Thelma Johnston* (St. Joseph's Hospital, Victoria); *Jean MacKenzie* (St. Paul's Hospital, Vancouver); *Eileen Rankin* (Grace Hospital, Winnipeg); *Frances Turnbull* (Vancouver General Hospital).

The following nurses, who received V.O.N. scholarships last fall, having completed the university course in public health nursing, have been appointed as follows:

UNIVERSITY OF TORONTO: *Lorna Conrad* to Amherst as nurse-in-charge; *Lyla Groat*, Owen Sound; *Ruth Hammond* to Brampton as nurse-in-charge; *Liv-Ellen Lockeberg*, Timmins; *Kathleen McLellan*, Halifax; *Jean Nicol*, Hamilton; *Phyllis Paisley*, Trenton; *Donna Wallace*, York Township; *Minnie Samuels*, Liverpool; *Elizabeth Sharpe*, North York; *Hope Allison Vanderwater*, Toronto.

MCGILL UNIVERSITY: *Leafa Bladwin* to Walkerton, *Mary Caryll* to Campbellton, *Evelyn Harrison* to Bridgewater, and *Edna Knutson* to Orillia, all as nurses-in-charge; *Valda Howard*, Chatham; *Helen Kennedy*, Ste. Anne de Bellevue; *Beulah Mann*, Ottawa; *Christine Muise*, placement delayed; *Barbara Munroe*, Port Arthur.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UNIVERSITY OF MONTREAL: *Louise Chevalier* to Ste. Anne de Bellevue as nurse-in-charge.

QUEEN'S UNIVERSITY: *Joan Steward*, Huntsville.

UNIVERSITY OF BRITISH COLUMBIA: *Verna McCrory* to Medicine Hat as nurse-in-charge; *Eleanor Chamberlayne*, Niagara Falls; *Anna Jean Cummings*, Burnaby; *Isabel Neilson*, Victoria; *Isla Tuck*, Elphinstone.

UNIVERSITY OF WESTERN ONTARIO: *Muriel Lafortune* to Whitby as nurse-in-charge; *Helen Marks*, St. Catharines; *Margaret Peace*, North York.

The following nurses, having completed advanced university study with the aid of special V.O.N. scholarships, have been appointed as follows:

Alice Gage has completed the course in supervision in public health nursing at Columbia University and has returned to Montreal.

Vivian Adair has completed the certificate course in supervision and administration in public health nursing at McGill University and this summer has been working on a survey of the V.O.N. service at Ste. Anne de Bellevue, Que. This fall she is to be appointed to Montreal.

The following are the reported staff appointments to, transfers, and resignations from the V.O.N.:

Appointments: *Jhan Bayliffe* (B.Sc.N. course, University of Western Ontario), Brantford; *Margaret McVicar* (U. of W. O. public health course) and *Frances Bell* (University of Toronto), Ottawa; *Margaret Vail* (U. of W. O. public health course), Hamilton; *Louise Williams* (U. of W. O. public health course), Sarnia; *Helen Hill* (U. of W. O. public health course), *Mary Clegg* (U. of W. O.), and *Helen Ubelacker* (U. of W. O), Windsor, Ont.; *Audrey Webster* (U. of W. O. public health course) and *Helen Baine* (U. of T.), York Township; *Catherine Barrel* (U. of T. public health course), Burnaby; *Marion Law* (U. of T.), Welland.

Transfers: *Eileen Williams* from Huntsville to Calgary; *Julia Meyer* from Whitby to be nurse-in-charge at Chatham; *Vera Bruegeman* from Sarnia to be nurse-in-charge at Sherbrooke; *Gladys Bowman* from Guelph to be nurse-in-charge at Port Arthur; *Jean Gilbert* from Toronto to be nurse-in-charge at Kingsville; *Jacqueline Blanchard* from Ste. Anne de Bellevue to Montreal; *Ann Wade* from Bridgewater to be nurse-in-charge at Guelph; *Phyllis Morrison* from Toronto to be

nurse-in-charge at Sarnia; *Marjorie Ewart* from Brampton to Ottawa; *Dorothy Sisson* from Winnipeg to be nurse-in-charge at Fort William; *Nita Enns* from Port Arthur to Lincoln; *Muriel Morgan* from St. Catharines to Windsor; *Elsie White* from Orillia to Sudbury; *Catherine Ross* from Medicine Hat to Vancouver.

Resignations: *Erie Lloyd* from Saint John to attend university; *Vera Bruner* from Kingston to take up other work; *Edith Munroe* from Ottawa to attend university; *Ellen Patterson* from Chatham to be married; *Doreen Gifford* from Victoria to take up other work; *Mrs. Dorothy Steel* from Windsor; *Bernice Seeds* and *Margaret Stone* to take up other work and *Dorothy Mawer* to be married, from Vancouver; *Dorothea Atkinson*, *Helen Driver*, and *Peggy Knowles* to attend university and *Patricia Darling*, from Montreal; *Frances Hewgill* from Amherst to take up other work; *Dorothy Knight* from Brantford to do further study; *Ruth Austin* from Cornwall to take up other work; *Ruth Kirkpatrick* from Port Arthur to take up other work; *Margaret Beck* from Sarnia to take up other work; *Winnifred Treadaway* from North York to do further study; *Margaret MacPherson* from Walkerton to be married; *Margaret Colwell* from Burnaby to take up other work.

News Notes

NEW BRUNSWICK

Saint John:

An enjoyable time was had by all at the picnic given by the private duty nurses, the conveners of the event being Mabel Jones and Mary Downing, assisted by Mary Scott, Eileen Ritchie, Carol Henderson, and Mrs. W. J. McCauslin. The scene was the Royal Kennebecassis Yacht Club at Millidgeville and boating, swimming, and games vied in popularity with the merry-makers.

Beatrice Selfridge is taking a post-graduate course in surgical supervision at Toronto University. Ada Steven is now with the obstetrical department at the General Hospital while Kathlyn King is in charge of female surgery, vacated by Miss Selfridge.

Stella Murphy has rejoined the Provincial Hospital staff as supervisor. Winnifred Darling is doing general duty at the children's wing of the Tuberculosis Hospital.

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Placement Service

Information regarding positions for Registered Nurses in the Province of British Columbia may be obtained by writing to:

Elizabeth Braund, R.N., Director
Placement Service
1001 Vancouver Block, Vancouver B.C.

ST. STEPHEN:

The members of the Chipman Memorial Hospital Alumnae Association held their annual picnic at the cottage of Clara Boyd at Oak Bay. Letters of thanks have been received by the local chapter and the alumnae for parcels sent to British nurses.

Evelyn Bateman entertained at a tea and shower for Ruth McMorran, whose marriage recently took place. Jessie Orr, C.M.H. dietitian, has resigned to take up other work. Melva Marsh replaces Katherine Vaughn as operating-room supervisor at the C.M.H. Miss Vaughn has gone to her home in Sherbrooke. Patricia Knorr is now on the staff of the Red Cross Hospital, Harvey, N.B.

BERMUDA

The annual banquet of the alumnae association of the King Edward VII Memorial Hospital School for Nurses was held recently at the English Speaking Union, Hamilton. The president, Mrs. H. E. Siggins, presided over the dinner. Guests of honor were the graduating class of 1948: Mrs. Rebekah Campbell, Doris Whiting, Thelma D. Hunt, Audrey M. Gillespie. Mrs. R. M. (Outerbridge) Brown, former matron of the hospital, was guest speaker. Her talk on "The Origin of Alumnae Associations" was much enjoyed.

A to Z

Abionarce:	Insanity due to infirmity.
Balbuties:	Stammering.
Celectome:	Instrument for removing a piece of a tumor for examination.
Dichromasy:	Ability to perceive two colors only.
Eremophobia:	Morbid fear of being alone.
Frit:	Material from which the glazed portion of artificial teeth is made.
Gonion:	Tip of angle of lower jaw.
Hypsonosus:	Mountain sickness.
Intima:	The innermost coat of a blood vessel.
Jusculum:	Soup or broth.
Keratiasis:	Presence of horny warts on skin.
Lipopexia:	The accumulation of fat in the tissues.
Megadont:	Having very large teeth.
Nealogy:	The study of the early infant stages of animals.
Oulorrhagia:	Hemorrhage of the gums.
Panhidrosis:	Perspiration of the whole surface of the body.
Quassation:	A crushing or shattering.
Rhagades:	Painful fissures in the chin.
Sarcotic:	Producing blood.
Tectonic:	Pertaining to plastic surgery.
Ulalgia:	Pain in the gums.
Verbomania:	Abnormal talkativeness.
Weazand:	Trachea or windpipe.
Xenophobia:	Dread of strangers.
Ytterbium:	A very rare metal.
Zonifugal:	Passing outward from any zone or region.

Positions Vacant

Night Supervisor for 80-bed General Hospital. Salary: $145 plus maintenance, hospitalization, sick leave. Apply, stating qualifications, date available, to Supt., Norfolk General Hospital, Simcoe, Ont.

Night Supervisor for 50-bed Maternity Hospital. Apply, stating qualifications, salary, etc., to Supt., Catherine Booth Mothers' Hospital, 4400 Walkley Ave., Montreal 28, Que.

Obstetrical Supervisor, preferably with a degree, for 250-bed Ohio hospital. 44-hr. wk. Salary: $250 per month plus complete maintenance, including attractive private room, meals, laundry. Apply care of Box 10, The Canadian Nurse, Ste. 522, 1538 Sherbrooke St. W., Montreal 25, Que.

Graduate, Registered Nurses for 250-bed hospital in northeastern Ohio. 44-hr. wk. Gross salary: $190 day duty; $200 night duty; $210 evening duty. Attractive living quarters available at nominal rates. Apply care of Box 11, The Canadian Nurse, Ste. 522, 1538 Sherbrooke St. W., Montreal 25, Que.

General Duty Nurses for 80-bed General Hospital. Salary: $115 per month (including pay for O.R. call & bonus) plus maintenance. Increase at end of 6 mos. to $120 & at end of 1 yr. to $125. 8-hr. day, 6-day wk. 2 wks' holiday with pay (3 wks. given at end of 2nd yr.). Allowance for sick leave, hospitalization, statutory holidays. Additional $5.00 per month paid for 3:30 shift. Apply, stating qualifications, date available, Supt., Norfolk General Hospital, Simcoe, Ont.

Graduate Nurses (2) for General Duty for the R.W. Large Memorial Hospital of the United Church of Canada, located at Bella Bella on the B.C. coast, 300 miles north of Vancouver. Position open Nov. 1 & Dec. 1. Salary: $150 gross, less $25 per month for maintenance. Fare to hospital refunded after 1 yr. of service. Apply to Matron.

Supt. immediately for 50-bed hospital. Apply, stating experience & salary expected, Business Manager, Payzant Memorial Hospital, Windsor, N.S.

Supt. of Nurses with New Brunswick Registration for General Hospital with School for Nurses. Applications should give full details of education, post-graduate training, experience, references. Apply Restigouche & Bay Chaleur Soldiers' Memorial Hospital, Campbellton, N.B.

Night Supervisor for 100-bed hospital. **General Duty Nurses.** 6-day week, 8-hour duty. Apply, stating qualifications, Supt. of Nurses, General Hospital, Woodstock, Ont.

Operating-Room Nurses and General Staff Nurses. 44-hour wk. Starting salaries: $150. and $140 gross respectively. Registration in British Columbia essential. Apply Supt. of Nurses, Royal Columbian Hospital, New Westminster, B.C.

Public Health Nurse for Sanatorium; approx. 720 beds. State age, experience, references, salary expected. Personal interview desirable. Apply c/o Box 8, The Canadian Nurse, Ste. 522, 1538 Sherbrooke St. W., Montreal 25, Que.

Public Health Nurse (qualified) as Organizer for Nursing Services, Canadian Red Cross Society. Starting salary: $2,100. Offers interesting work, with travel opportunities throughout Ont. Applicants with previous public health experience will be considered. Age limit, 40 yrs. Apply Miss Minnie E. Bartlett, Dir., Volunteer Nursing Services, Ontario Division, Red Cross, 621 Jarvis St., Toronto 5, Ont.

Staff Nurses, eligible for registration in Mich., U.S.A., needed for all services in modern 200-bed hospital. Salary: $210 per month for 44-hr. wk. 6-month increase. $10 extra for 3-11 & 11-7 duty. 7 legal holidays. 12 vacation & 10 days sick leave per year. Cafeteria meal service. Laundry furnished. Room available at $10 per month. Apply Director of Nurses, General Hospital, Pontiac, Michigan.

Vancouver General Hospital has positions vacant for **General Staff Nurses.** Salary: $155 (plus laundry) increasing to maximum, $185. Extra $5.00 all-night rotation shifts. 4 wks' vacation & 11 statutory holidays with salary. Superannuation. Sick leave allowances. Registration in British Columbia essential. Apply Director of Nursing, Vancouver General Hospital, Vancouver, B.C.

Registered Nurses for General Staff at Tranquille Sanatorium, situated on Kamloops Lake near Kamloops, B.C. Gross salary for 8-hr. day, 5½-day wk.: $174 per month during 1st yr., $186 per month for 2nd yr. & $5.00 raise per month in 3rd, 4th, and 5th yrs. of service, minus $27.50 for board, room, laundry. 31 days' vacation per annum with pay plus 11 days statutory holidays. 14 days sick leave each yr. accumulative with pay plus 6 days incidental illness. Superannuation Plan. Up to $50 of fare refunded. Apply to Supt. of Nurses, Tranquille, B.C.

Registered Nurses for General Duty at Miller Bay Indian Hospital, near Prince Rupert. B.C. Hospital operated by Indian Health Services, mainly for treatment of tuberculous Indians. Regular Civil Service holiday leave & sick leave credits applicable. Salary: $167 per month, less maintenance & laundry at $30 per month for nurses with 2 yrs' experience. We have vacancies now & transportation can be arranged under certain circumstances. Apply airmail to Medical Supt.

Registered Nurses for General Duty. 60-bed hospital. Salary: $140 per month plus full maintenance. Well-equipped nurses' residence in town of 4,000. Also **Night Supervisor.** Apply Supt., Lady Minto Hospital, Cochrane, Ont.

Registered Nurses for small hospital — for General Duty, to assist in Operating-Room, Night Duty. Good salary. Apply Supt., Rosamond Memorial Hospital, Almonte, Ont.

Have you a friend? Are you both Registered Nurses? We offer you a new ultra-modern 37-bed General Hospital in Langley, B.C., 1 hr. from Vancouver. Board & accommodation available. Gross salary: $150 including laundry. Apply Matron, Langley Memorial Hospital, Murrayville, B.C.

Graduate Staff Nurses for modern 120-bed hospital, fully approved. 60 miles from New York City. Salary range: $2,100-$2,400. Vacation, sick time, 10 holidays. 48-hr. wk. Added compensation for evening & night duty. Salary increase every 6 months. Attractive residence facilities available if desired. Apply Director of Nursing, Horton Memorial Hospital, Middletown, New York.

Graduate Nurses for General Duty. Salary: $155. Straight 8-hr. duty. 4 wks' annual vacation. 9 statutory holidays. Good living accommodation. Cafeteria meal service. Apply Matron, West Coast Hospital, Port Alberni, Vancouver Is., B.C.

General Duty Nurses for 65-bed Solarium for Crippled Children on Vancouver Is., 25 miles from Victoria. Basic, gross salary: $150. 8-hr. day, 40-hr. wk., rotating shifts. Room, board & uniform laundry provided at $25 deduction. Staff housed in very modern, new, 4-6 bedroom cottages on waterfront. Excellent opportunity for nurses to gain experience in orthopedic & pediatric nursing. Apply in writing, giving date of graduation, training school, age, experience, Lady Supt., Queen Alexandra Solarium, P.O. Cobble Hill, V.I., B.C.

Graduate Nurses for completely modern West Coast hospital. All-graduate staff. Commencing salary: $150 per month less $25 for board, residence, laundry. Annual increment. 44-hr. wk. 1 month's vacation with pay after 1 yr's service. Transportation allowance not exceeding $60 refunded at end of 12 months. Apply, stating experience, Matron, General Hospital, Prince Rupert, B.C.

Graduate Nurses for Red Cross Outpost Hospitals in Saskatchewan. Salary: $160 per month less $25 maintenance. Added increment of $5.00 per month given on completion of each yr's service. 8-hr. day, 6-day wk. 1 month's holiday with pay annually. Apply Commissioner, Canadian Red Cross, Saskatchewan Division, Regina, Sask.

Registered Nurses for General Staff at Ontario Hospitals in Brockville, Hamilton, Kingston, London, New Toronto, Orillia, St. Thomas, Toronto, Whitby, Woodstock, and Toronto Psychiatric Hospital. Initial salary: $1,840 per annum, plus $180 Cost of Living Bonus, less perquisites ($26.50 for room, board, laundry). Annual increment, accumulative sick leave, superannuation, 3 weeks' vacation, statutory holidays and special holidays with pay. 8-hr. day, 6-day wk. Apply to Supt. of Nurses at above hospitals.

Science Instructor for 100-bed hospital. Apply, stating qualifications & when services available, to Supt. of Nurses, Sherbrooke Hospital, Sherbrooke, Que.

Visiting Nurse for Miscou Island wanted immediately. Living quarters, with office, and housekeeper supplied. Also car. Apply to Canadian Red Cross Society, New Brunswick Division, 69 Prince William St., Saint John, N.B.

Graduate Nurses for Operating-Room (post-graduate course or experience desirable but not essential). Good salary. Living out. Apply to Director of Nursing Service, Victoria Hospital, London, Ont.

General Duty Nurses (2) required for Community Hospital in Peace River District. Salary $130 per month plus full maintenance. Wire collect to M. F. Malkinson, Fairview, Alta.

Graduate General Duty Nurses (2) **at once** for small hospital in Peace River Country. Salary: $130 per month with full maintenance. 8-hr. day, 6-day week. Holidays and sick leave with pay. Cosy separate nurses' residence. Transportation costs from Edmonton refunded after 6 months' employment. Write or wire collect to Secretary-Treasurer, Municipal Hospital, Berwyn, Alta.

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Further information may be obtained from the Director, Public Health Nursing, Department of Health, Parliament Buildings, Victoria.

Application Forms obtainable from Government Agencies, the Civil Service Commission, Weiler Building, Victoria, **or** 570 Seymour Street, Vancouver, to be completed and returned to the Chairman, Civil Service Commission, Victoria.

District Nurse in Province of Alberta. Rural service. Emergency treatment, preventive and maternity program. Furnished cottage, fuel and water supplied. Salary schedule — $1920 - $2400, plus Cost of Living Bonus. Sick leave, annual vacation, superannuation. Apply to Director, Nursing Division, Department of Public Health, Edmonton, Alta.

Registered Nurses for Pediatric-Orthopedic Hospital. 8-hour day and 6-day week. Full maintenance or live out as desired. For further particulars apply to Supt., Shriners' Hospitals for Crippled Children, Montreal Unit, Que.

Asst. Night Supervisor for Obstetrical Dept. Salary schedule: $145-$160 per month plus complete maintenance. Good opportunity for advancement to qualified applicant. **Asst. Supervisors for Delivery Floor.** Rotating service. Salary schedule. $135-$150 per month plus complete maintenance. **Graduate Staff Nurses for Medicine, Surgery, Obstetrics.** Salary schedule: $120-$130 per month plus full maintenance. In all cases above, in addition to maintenance, nurses on salary receive 3 wks. vacation with pay annually, 2 wks. full pay & 2 wks. half pay annually for illness, free hospitalization. Apply Miss C. E. Brewster, Supt. of Nurses, General Hospital, Hamilton, Ont.

Operating-Room Supervisor with experience & ability to teach for 140-bed General Hospital. Very central location. Apply Director of Nursing, Herbert Reddy Memorial Hospital, 4039 Tupper St., Montreal 6, Que.

Supt. of Nurses for Galt Hospital, Lethbridge, Alta. Present capacity, 120 beds with Training School. Plans completed for new 150-bed hospital. For exchange of full particulars apply to Sec.-Treas. of hospital.

Nurse Supervisor with Operating-Room experience, Public Health Nurse, Obstetrical Nurse, General Staff Nurse for Norman Wells Hospital, Norman Wells, Northwest Territories. Seasonal. Salary dependent on experience & qualifications. Apply Medical Director, Imperial Oil Ltd., 56 Church St., Toronto 1, Ont., giving qualifications, experience, salary expected. Enclose passport photo.

Registered Nurses for General Duty. 150-bed Sanatorium. Highest rates of pay. For further information apply Supt. of Nurses, Niagara Peninsula Sanatorium, St. Catharines, Ont.

Registered Nurses for staff positions. Initial salary: $131.50 per month with full maintenance. Good living & working conditions. Apply Supt. of Nurses, Central Alberta Sanatorium, Calgary, Alta.

Registered Nurses for General Duty (3). Salary: $140 per month with full maintenance. New hospital with fully modern nurses' home in process of building. At present hospital of 30 beds on main line between Saskatoon & Calgary. Town of 1,500. Apply Miss E. Nixon, Matron, Union Hospital, Kindersley, Sask.

Registered Nurse for General Duty in modern 8-bed hospital. Salary: $125 monthly plus maintenance. 8-hr. day, 6-day wk. 2 wks paid holiday after 1 yr.'s service. Apply Sister Superior, Notre Dame Hospital, Val Marie, Sask.

Official Directory

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1411 Crescent St., Montreal 25, Que.

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Manitoba..... Miss Irene M. Barton, Veterans' Home, Winnipeg.

New Brunswick..... Miss Marion Myers, Tuberculosis Hospital, East Saint John.

Nova Scotia..... Miss Maisie Miller, Victoria General Hospital, Halifax.

Ontario..... Miss Nettie D. Fidler, 849 Kildare Rd., Windsor.

Prince Edward Island..... Mrs. Lois MacDonald, P.E.I. Hospital, Charlottetown.

Quebec..... Rév. Soeur Valérie de la Sagesse, Hôpital Ste-Justine, Montréal 10.

Saskatchewan..... Miss Ethel James, General Hospital, Regina.

(In addition to the presidents, one other member of each Provincial Association is a member of the Executive Committee.)

Religious Sisters (*Regional Representation*)—

Maritimes..... Rev. Sister Mary Beatrice, St. Joseph's Hospital, Glace Bay, N.S.

Quebec..... Rev. Sr. Denise Lefebvre, Institut Marguerite d'Youville, 1185 St. Matthew St., Montreal 25.

Ontario..... Rev. Sister St. Albert, St. Michael's Hospital, Toronto 2.

Prairies..... Rev. Sister Mary Irene, Holy Family Hospital, 15th St. W., Prince Albert, Sask.

British Columbia..... Rev. Sister Mary Claire, St. Joseph's Hospital, Victoria.

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Educational Policy..... Miss Agnes Macleod, Treatment Branch, Dept. of Veterans Affairs, Ottawa, Ont.

Institutional Nursing..... Miss Elinor Palliser, General Hospital, Vancouver, B.C.

Labor Relations..... Miss Ina Broadfoot, Canadian Red Cross, 31 Kennedy St., Winnipeg, Man.

Private Duty Nursing..... Miss Barbara Key, 123 Bold St., Apt. 56, Hamilton, Ont.

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Registered Nurses' Ass'n of British Columbia, Miss Alice L. Wright, 1014 Vancouver Block, Vancouver.

Manitoba Ass'n of Registered Nurses, Miss Lillian Pettigrew, 214 Balmoral St., Winnipeg.

New Brunswick Ass'n of Registered Nurses, Miss Alma F. Law, 29 Wellington Row, Saint John.

Registered Nurses' Ass'n of Nova Scotia, Miss Nancy Watson, 301 Barrington St., Halifax.

Registered Nurses Ass'n of Ontario, Miss Matilda E. Fitzgerald, Rm. 715, 86 Bloor St. W., Toronto 5.

Prince Edward Island Registered Nurses' Ass'n, Miss Verna Darrach, 62 Prince St., Charlottetown.

Association of Nurses of the Province of Quebec, Miss E. Frances Upton, 506 Medical Arts Bldg., Montreal 25.

Saskatchewan Registered Nurses' Ass'n, Miss K. W. Ellis, 104 Saskatchewan Hall, University of Saskatchewan, Saskatoon.

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Canadian Nurses' Association: 1411 Crescent St., Montreal 25, Que. *General Secretary-Treasurer,* Miss Gertrude M. Hall. *Assistant Secretary,* Miss Winnifred Cooke.